

Lumbar – ODI

Name: _____ DOB: ____ / ____ / ____ Date: ____ / ____ / ____

Please read: This questionnaire is designed to enable us to better understand how much your lower back pain has affected your ability to manage everyday activities. Please answer each section by circling **ONLY ONE CHOICE** that most applies to you. One statement may / may not exactly relate to you, but **circle the one choice that most closely describes your pain at this time.**

SECTION ONE PAIN INTENSITY

- (0) The pain comes/goes and is very mild.
- (1) The pain is mild and does not vary much.
- (2) The pain comes / goes and is moderate.
- (3) The pain is moderate and does not vary much.
- (4) The pain comes / goes and is very intense.
- (5) The pain is very severe and does not vary much.

SECTION TWO PERSONAL CARE

- (0) I do not have to change my way of washing or dressing in order to avoid pain.
- (1) I do not normally change my way of washing or dressing even though it causes some pain.
- (2) Washing and dressing increases the pain but I manage not to change my way of doing it.
- (3) Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- (4) Because of my pain, I am unable to do some washing and dressing without help.
- (5) Because of my pain, I am unable to do washing and dressing without help.

SECTION THREE LIFTING

- (0) I can lift heavy weights without extra pain.
- (1) I can lift heavy weights but it causes extra pain.
- (2) Pain prevents me from lifting heavy weights off the floor.
- (3) Pain prevents me from lifting heavy weight off the floor, but I can manage if they are conveniently positioned (ex: on a table)
- (4) Pain prevents me from lifting heavy weights off the floor, but I can manage lift to medium weights if they are conveniently positioned.
- (5) I can only lift very light weights.

SECTION FOUR WALKING

- (0) I have no pain while walking.
- (1) I have some pain while walking, but it does not increase with distance.
- (2) I cannot walk for more than 1 mile without increasing pain.
- (3) I cannot walk for more than ½ mile without increasing pain.
- (4) I cannot walk for more than ¼ mile without increasing pain.
- (5) I cannot walk at all without increasing pain.

SECTION FIVE SITTING

- (0) I can sit in any chair as long as I like.
- (1) I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting for more than 1 hour.
- (3) Pain prevents me from sitting for more than 30 minutes.
- (4) Pain prevents me from sitting for more than 10 minutes.
- (5) I avoid sitting because it increases pain immediately.

Continued on back....

SECTION SIX

STANDING

- (0) I can stand as long as I want without pain.
- (1) I have some pain while standing, but it does not increase the time.
- (2) I cannot stand for longer than 1 hour without increasing pain.
- (3) I cannot stand for longer than 30 minutes without increasing pain.
- (4) I cannot stand for longer than 10 minutes without increasing pain.
- (5) I avoid standing because it increases pain immediately.

SECTION SEVEN

SLEEPING

- (0) I get no pain in bed.
- (1) I get pain but it does not prevent me from sleeping well.
- (2) Because of the pain, my normal sleep is reduced by less than 25%.
- (3) Because of the pain, my normal sleep is reduced by less than 50%.
- (4) Because of the pain, my normal sleep is reduced by less than 75%.
- (5) Pain prevents me from sleeping at all.

SECTION EIGHT

SOCIAL LIFE

- (0) My social life is normal and gives me no extra pain.
- (1) My social life is normal but increases the degree of pain.
- (2) Pain has no significant effect on my social life apart from limiting my more energetic interests. (ex: dan
- (3) Pain has restricted my social life and I do not go out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of my pain.

SECTION NINE

TRAVELING

- (0) I get no pain while traveling.
- (1) I get some pain while traveling, but none of my usual forms of traveling make it worse.
- (2) I get extra pain while traveling, but it does not cause me to seek alternate forms of travel.
- (3) I get extra pain while traveling which causes me to seek alternate forms of travel.
- (4) Pain restricts all forms of travel except that done while lying down.
- (5) Pain restricts all forms of travel.

SECTION TEN

CHANGING DEGREE OF PAIN

- (0) My pain is rapidly getting better
- (1) My pain fluctuates but overall is definitely getting better.
- (2) My pain seems to be getting but improvement is slow.
- (3) My pain is neither getting better or worse.
- (4) My pain is gradually worsening.
- (5) My pain is rapidly getting worse.

BACK INDEX SCORE: _____ / 50

Source:

1. Fairbank JCT & Pynsent, PB. [The Oswestry Disability Index](#). Spine, 2000 Nov 15;25(22):2940-52
2. Davidson M & Keating J. [A comparison of five low back disability questionnaires: reliability and responsiveness](#). Physical Therapy Phys Ther. 2002 Jan;82(1):8-24