Do not write, stamp, punch holes or affix a sticker in this area.
To reproduce, follow the printing instructions. Fold only on the dotted lines.

CHI Oswestry Disability Questionnaire

Please answer every question

Section:
History of Present Illness
Compatible Note form:
CHI Oswestry Low Back Pain Disability Index

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month | Day | Year

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

This questionnaire is designed to help us better understand how pain affects your everyday life.
Mark ONE statement in each section that most closely describes your pain.

Pain Intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

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Personal Care (washing, dressing)

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it is causes extra pain.
- It is painful to look after myself, and I am slow and careful.
- I need some help but can manage most of my personal care.
- I need help everyday in most aspects of self-care.
- I do not get dressed, wash with difficulty and stay in bed.

Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours of sleep.
- Because of pain I have less than 4 hours of sleep.
- Because of pain I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything.

Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests like sports.
- Pain has restricted my social life, and I do not go out as often.
- Pain has restricted social life to home.
- I have no social life because of pain.

Walking

- Pain does not prevent me walking any distance.
- Pain prevents me from walking more than 1 mile.

please fold on dotted line

- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time.

Traveling

- I can travel anywhere without pain.
- I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over two hours.
- Pain restricts me to journeys of less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from traveling except to receive treatment.

Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Employment / Homemaking

- My normal homemaking/ job activities do not cause pain.
- My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

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