

Patient's Name: _____ Therapist's Name: _____ Today's Date: ___/___/___

INITIAL ASSESSMENT

OSWESTRY DISABILITY INDEX 2.0 (Low Back Pain)

This assessment is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. We appreciate you taking the time to complete this assessment. It will provide us with valuable information.

Please answer every section. Mark one box only in each section that most closely describes you today.

SECTION 1 - 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.

SECTION 2 - Personal Care (washing, dressing, et c.)

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

SECTION 3 - Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting **heavy** weights off the floor, but I can lift heavy weights conveniently positioned on a table.
- Pain prevents me from lifting heavy weights, but I can lift **light to medium** weights that are conveniently positioned.
- I can only lift very light weights, at the most.
- I cannot lift or carry anything at all.

SECTION 4 - Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than 1/4 mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk while using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - 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 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than ten minutes.
- Pain prevents me from sitting at all.

SECTION 6 - 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 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

SECTION 7 - Sleeping

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

SECTION 8 - Sex Life (if applicable)

- My sex life is normal and causes me no extra pain.
- My sex life is normal, but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

SECTION 9 - Social Life

- My social life is normal and causes 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 more energetic interests, e.g., sport, etc.
- Pain has restricted my social life. I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of the pain.

SECTION 10 - Traveling

- I can travel anywhere without pain.
- I can travel anywhere but it gives extra pain.
- Pain is bad but I manage to travel over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to necessary travel under 30 minutes.
- Pain prevents me from all travel except for treatments.

Circle the number corresponding to your pain level right now.

No pain _____ Worst possible pain
0 1 2 3 4 5 6 7 8 9 10

Circle the number corresponding to your pain level at its worse.

No pain _____ Worst possible pain
0 1 2 3 4 5 6 7 8 9 10