



Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

Answer **every section**.

Mark **one box only** in each section that most closely describes you **today**.

<b>SECTION 1 -- PAIN INTENSITY</b> <input type="checkbox"/> A. I have no pain at the moment. <input type="checkbox"/> B. The pain is very mild at the moment. <input type="checkbox"/> C. The pain is moderate at the moment. <input type="checkbox"/> D. The pain is fairly severe at the moment. <input type="checkbox"/> E. The pain is very severe at the moment. <input type="checkbox"/> F. The pain is the worst imaginable at the moment.	<b>SECTION 6 -- STANDING</b> <input type="checkbox"/> A. I can stand as long as I want without extra pain. <input type="checkbox"/> B. I can stand as long as I want but it gives me extra pain. <input type="checkbox"/> C. Pain prevents me from standing for more than 1 hour. <input type="checkbox"/> D. Pain prevents me from standing for more than 1/2 hour. <input type="checkbox"/> E. Pain prevents me from standing for more than 10 minutes. <input type="checkbox"/> F. Pain prevents me from standing at all.
<b>SECTION 2 -- PERSONAL CARE (WASHING, DRESSING, ETC.)</b> <input type="checkbox"/> A. I can look after myself normally without causing extra pain. <input type="checkbox"/> B. I can look after myself normally but it is very painful. <input type="checkbox"/> C. It is painful to look after myself and I am slow and careful. <input type="checkbox"/> D. I need some help but manage most of my personal care. <input type="checkbox"/> E. I need help every day in most aspects of self care. <input type="checkbox"/> F. I do not get dressed, wash with difficulty, and stay in bed.	<b>SECTION 7 -- SLEEPING</b> <input type="checkbox"/> A. My sleep is never disturbed by pain. <input type="checkbox"/> B. My sleep is occasionally disturbed by pain. <input type="checkbox"/> C. Because of pain I have less than 6 hours sleep. <input type="checkbox"/> D. Because of pain I have less than 4 hours sleep. <input type="checkbox"/> E. Because of pain I have less than 2 hours sleep. <input type="checkbox"/> F. Pain prevents me from sleeping at all.
<b>SECTION 3 -- LIFTING</b> <input type="checkbox"/> A. I can lift heavy weights without extra pain. <input type="checkbox"/> B. I can lift heavy weights but it gives me extra pain. <input type="checkbox"/> C. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table. <input type="checkbox"/> D. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> E. I can lift only very light weights, at the most. <input type="checkbox"/> F. I cannot lift or carry anything at all.	<b>SECTION 8 -- SEX LIFE (IF APPLICABLE)</b> <input type="checkbox"/> A. My sex life is normal and causes no extra pain. <input type="checkbox"/> B. My sex life is normal but causes some extra pain. <input type="checkbox"/> C. My sex life is nearly normal but is very painful. <input type="checkbox"/> D. My sex life is severely restricted by pain. <input type="checkbox"/> E. My sex life is nearly absent because of pain. <input type="checkbox"/> F. Pain prevents any sex life at all.
<b>SECTION 4 -- WALKING</b> <input type="checkbox"/> A. Pain does not prevent me walking any distance. <input type="checkbox"/> B. Pain prevents me walking more than one mile. <input type="checkbox"/> C. Pain prevents me walking more than 1/4 mile. <input type="checkbox"/> D. Pain prevents me walking more than 100 yards. <input type="checkbox"/> E. I can only walk using a stick or crutches. <input type="checkbox"/> F. I am in bed most of the time and have to crawl to the toilet.	<b>SECTION 9 -- SOCIAL LIFE</b> <input type="checkbox"/> A. My social life is normal and causes me no extra pain. <input type="checkbox"/> B. My social life is normal but increases the degree of pain. <input type="checkbox"/> C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc. <input type="checkbox"/> D. Pain has restricted my social life and I do not go out as often. <input type="checkbox"/> E. Pain has restricted social life to my home. <input type="checkbox"/> F. I have no social life because of pain.
<b>SECTION 5 -- SITTING</b> <input type="checkbox"/> A. I can sit in any chair as long as I like. <input type="checkbox"/> B. I can sit in my favorite chair as long as I like. <input type="checkbox"/> C. Pain prevents me from sitting for more than 1 hour. <input type="checkbox"/> D. Pain prevents me from sitting for more than 1/2 hour. <input type="checkbox"/> E. Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> F. Pain prevents me from sitting at all.	<b>SECTION 10 -- TRAVELING</b> <input type="checkbox"/> A. I can travel anywhere without pain. <input type="checkbox"/> B. I can travel anywhere but it gives me extra pain. <input type="checkbox"/> C. Pain is bad but I manage journeys over 2 hours. <input type="checkbox"/> D. Pain restricts me to journeys of less than 1 hour. <input type="checkbox"/> E. Pain restricts me to short necessary journeys under 30 minutes. <input type="checkbox"/> F. Pain prevents me from travelling except to receive treatment.

Comments: \_\_\_\_\_

PATIENT SIGNATURE	DATE
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What is your pain right now?                          What is your pain at its worse?   

no pain                      \_\_\_\_\_                      worst possible pain

   0                      1                      2                      3                      4                      5                      6                      7                      8                      9                      10

YRMC STAFF NAME	DATE	SCORE
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**YAVAPAI REGIONAL MEDICAL CENTER**

**OSWESTRY DISABILITY INDEX 2.0**