



VAN BORN CHIROPRACTIC CLINIC, P.C.

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OSWESTRY DISABILITY INDEX

Name: _____

Exam Date: _____

Physician's Name: _____

Account # _____

Instructions: This questionnaire has been designed to give the doctor information as to how your **BACK OR LEG** pain has affected your ability to manage everyday life. Please answer every section, and mark in each section **ONLY THE ONE** which applies to you. We realize you may consider that two of the statements in any one section relate to you. **PLEASE JUST MARK THE ONE WHICH MOST CLEARLY DESCRIBES YOUR PROBLEM.** Please place your initials and date by any change you make.

Section 1 - Pain Intensity (mark only one)

- 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, etc.) (mark only one)

- I can look after myself normally without causing additional 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 my personal care.
- I do not get dressed, I wash with difficulty and stay in bed.

Section 3 - Lifting (mark only one)

- I can lift heavy weights without additional pain.
- I can lift heavy weights, but it gives me additional pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. 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 only lift very light weights.
- I cannot lift or carry anything at all.

Section 4 - Walking (mark only one)

- 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 a quarter of a mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting (mark only one)

- I can sit in any chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than half an hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 - Standing (mark only one)

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

Section 7 - Sleeping (mark only one)

- My sleep is never interrupted by pain.
- My sleep is occasionally interrupted 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) (mark only one)

- My sex life is normal and causes no additional pain.
- My sex life is normal but causes some additional pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly non-existent because of pain.
- Pain prevents me from having any sex life at all.

Section 9 - Social Life (mark only one)

- My social life is normal and causes me no additional 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, e.g. sports, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to home.
- I have no social life because of pain.

Section 10 - Traveling (mark only one)

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