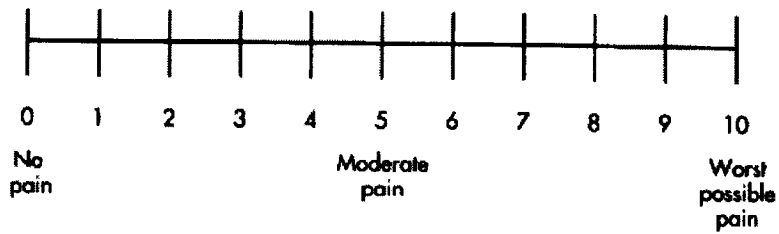


# NUMERIC PAIN RATING SCALE

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If 0 is no pain and 10 is the worst possible pain, please give me a number that indicates the amount of pain you are having now.



PATIENT SIGNATURE \_\_\_\_\_

# OSWESTRY DISABILITY INDEX 2.0

NAME \_\_\_\_\_ DATE \_\_\_\_\_ SCORE \_\_\_\_\_

**PLEASE READ:** Could you 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.

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

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

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LOW BACK PAIN AND DISABILITY QUESTIONNAIRE

(Roland-Morris)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ SCORE \_\_\_\_\_

When your back hurts, you may find it difficult to do some of the things you normally do.  
Mark only the sentences that describe you today.

1.  I stay at home most of the time because of my back.
2.  I walk more slowly than usual because of my back.
3.  Because of my back, I am not doing any jobs that I usually do around the house.
4.  Because of my back, I use a handrail to get upstairs.
5.  Because of my back, I lie down to rest more often.
6.  Because of my back, I have to hold onto something to get out of an easy chair.
7.  Because of my back, I try to get other people to do things for me.
8.  I get dressed more slowly than usual because of my back.
9.  I stand up only for short periods of time because of my back.
10.  Because of my back, I try not to bend or kneel down.
11.  I find it difficult to get out of a chair because of my back.
12.  My back or leg is painful almost all of the time.
13.  I find it difficult to turn over in bed because of my back.
14.  I have trouble putting on my socks (or stockings) because of pain in my back.
15.  I sleep less well because of my back.
16.  I avoid heavy jobs around the house because of my back.
17.  Because of back pain, I am more irritable and bad tempered with people than usual.
18.  Because of my back, I go upstairs more slowly than usual.