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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## MODIFIED OSWESTRY DISABILITY SCALE – INITIAL VISIT

**Description:** This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. **Please circle the answers below that best apply.**

### 1. Pain Intensity

- (0) I can tolerate the pain I have without having to use pain medication.
- (1) The pain is bad but I can manage without having to take pain medication.
- (2) Pain medication provides me with complete relief from pain.
- (3) Pain medication provides me with moderate relief from pain.
- (4) Pain medication provides me with little relief from pain.
- (5) Pain medication has no effect on my pain.

### 2. Personal Care (washing, dressing etc)

- (0) I can take care of myself normally without causing increased pain.
- (1) I can take care of myself normally but it increases my pain.
- (2) It is painful to take care of myself normally and I am slow and careful.
- (3) I need help but I am able to manage most of my personal care.
- (4) I need help every day in most aspects of my care.
- (5) I do not get dressed, wash with difficulty and stay in bed.

### 3. Lifting

- (0) I can lift heavy weights without increased pain.
- (1) I can lift heavy weigh but it causes increased pain.
- (2) Pain prevents me from lifting heavy weights off the floor but I can manage if the weights are conveniently positioned (eg. on a table).
- (3) Pain prevents me from lifting heavy weights but I can manage.
- (4) I can lift only very light weights.
- (5) I cannot lift or carry anything at all.

### 4. Walking

- (0) Pain does not prevent me from walking any distance.
- (1) Pain prevents me from walking more than 1 mile.
- (2) Pain prevents me from walking more than ½ mile.
- (3) Pain prevents me from walking more than ¼ mile.
- (4) I can only walk with crutches or a cane.
- (5) I am in bed most of the time and have to crawl to the toilet.

### 5. Sitting

- (0) I can sit in any chair as long as I like.
- (1) I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting more than 1 hour.
- (3) Pain prevents me from sitting more than ½ hour.
- (4) Pain prevents me from sitting more than 10 min.
- (5) Pain prevents me from sitting at all.

### 6. Standing

- (0) I can stand as long as I want without increased pain.
- (1) I can stand as long as I want but it increases my pain.
- (2) Pain prevents me from standing more than 1 hour.
- (3) Pain prevents me standing more than ½ hour.
- (4) Pain prevents me from standing more than 10 min.
- (5) Pain prevents me from standing at all.

### 7. Sleeping

- (0) Pain does not prevent me from sleeping well.
- (1) My sleep well only by using pain medication.
- (2) Even when I take pain medication I sleep < 6 hours.
- (3) Even when I take pain medication I sleep < 4 hours.
- (4) Even when I take pain medication I sleep < 2 hours.
- (5) Pain prevents me from sleeping at all.

### 8. Social Life

- (0) My social life is normal and does not increase my pain.
- (1) My social life is normal but it increases my level of pain.
- (2) Pain prevents me from participating in more energetic activities (eg. sports, dancing)
- (3) Pain prevents me from going out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of my pain.

### 9. Traveling

- (0) I can travel anywhere without increased pain.
- (1) I can travel anywhere but it increases my pain.
- (2) My pain restricts my travel over 2 hours.
- (3) My pain restricts my travel over 1 hour.
- (4) My pain restricts my travel to short necessary journeys under ½ hour.
- (5) My pain prevents all travel except for visits to the physician/therapist or hospital.

### 10. Employment/Homemaking

- (0) My normal homemaking/job activities do not cause pain.
- (1) My normal homemaking/job activities increase my pain bit I can still perform all that's required of me.
- (2) I can perform most of my homemaking/job duties but pain prevents me from performing more physically stressful activities (eg. lifting, vacuuming).
- (3) Pain prevents me from doing anything but light duties.
- (4) Pain prevents me from doing even light duties.
- (5) Pain prevents me from performing any homemaking/job chores.