Questionnaires for TeleBackPain

Oswestry Disability Index

TheSpineAcademy.ie

If 10 is the worst pain and 0 is no pain at all, over the last 4 weeks how bad is your pain out of 10?						
in your Lower back? /10 Right leg?	/10 Left leg? /10					
Pain	Personal care					
☐ I have no pain at the moment.	☐ I can look after myself normally without causing extra pai					
☐ The pain is very mild at the moment.	☐ I can look after myself normally but it causes extra pain					
☐ The pain is moderate at the moment.	☐ It is painful to look after myself and I am slow and careful					
☐ The pain is fairly severe at the moment.	☐ I need some help but manage most of my personal care					
☐ The pain is very severe at the moment	☐ I need help every day in most aspects of self-care					
☐ The pain is the worst imaginable at the moment.	☐ I do not get dressed, I wash with difficulty and stay in bed					
Lifeina	Wolking					
Lifting ☐ I can lift heavy weights without extra pain	Walking					
☐ I can lift heavy weights but it gives extra pain	☐ Pain does not prevent me walking any distance ☐ Pain prevents me from walking more than 1 mile					
☐ Pain prevents me from lifting heavy weights off the floor,						
but I can manage if they are conveniently placed eg. on a table	☐ Pain prevents me from walking more than 1/2 mile ☐ Pain prevents me from walking more than 100metres					
☐ Pain prevents me from lifting heavy weights, but I can	☐ I can only walk using a stick or crutches					
manage light to medium weights if they are easily positioned	☐ I am in bed most of the time					
☐ I can lift very light weights	Standing					
☐ I cannot lift or carry anything at all	☐ 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					
Sitting	☐ Pain prevents me from standing for more than 1 hour					
☐ I can sit in any chair as long as I like	☐ Pain prevents me from standing for more than 30 minutes					
☐ I can only sit in my favourite chair as long as I like	☐ Pain prevents me from standing for more than 10 minutes					
☐ Pain prevents me sitting more than one hour	☐ Pain prevents me from standing at all					
☐ Pain prevents me from sitting more than 30 minutes	Social life					
☐ Pain prevents me from sitting more than 10 minutes	☐ My social life is normal and gives me no extra pain					
☐ Pain prevents me from sitting at all	☐ My social life is normal but increases the degree of pain					
Sleeping	☐ Pain has no significant effect on my social life apart					
☐ My sleep is never disturbed at all	from limiting my more energetic interests eg, sport					
☐ My sleep is occasionally disturbed by pain	☐ Pain has restricted my social life and I do not go out as often					
☐ Because of pain I have less than 6 hours sleep	☐ Pain has restricted my social life to my home					
☐ Because of pain I have less than 4 hours sleep	☐ I have no social life because of pain					
☐ Because of pain I have less than 2 hours sleep	Employment/Homemaking					
☐ Pain prevents me from sleeping at all	☐ I can do my normal jobs without pain					
	☐ Doing jobs causes me extra pain but I can still do them					
Travelling	☐ Pain restricts me from doing my normal jobs					
☐ I can travel anywhere without pain	☐ Pain restricts me to only doing light duties					
☐ I can travel anywhere but it gives me extra pain	☐ Pain restricts me from doing light duties					
☐ Pain is bad but I manage journeys over two hours	☐ Pain restricts me from doing any jobs					
☐ Pain restricts me to journeys of less than one hour						
Pain restricts me to short necessary journeys under 30 minutes	Where in theback is the pain worst?					
☐ Pain prevents me from travelling except to receive treatment						
Leg pain and/or tingling						
□ None						
☐ Occasional slight symptoms	Where in theleg is the pain worst?					
☐ Occasional severe symptoms						
☐ Continuous severe symptoms						
If you are pre-operative (please circle):	If you are post-operative (please circle):					
Any recent infection? Yes No	Overall were you satisfied with your surgery? Yes No					
Bladder/Bowel Difficulties? Normal Mild Severe	2. If given the chance would you do the					
Numbness? No Sometimes Constant	same surgery again? Yes No					
Previous Lumbar Spine Surgery? Yes No	3. Returned to work after surgery? Yes No					
Any Previous Abdominal Surgery? Yes No	4. Retired? Yes No					

Multiply score by 2 to get a %

- 0% to 20% (minimal disability): Patients can cope with most activities of daily living. No treatment indicated except for suggestions on lifting, posture, physical fitness and diet. Patients with sedentary occupations (ex. secretaries) may experience more problems than others.
- 21% to 40% (moderate disability): more pain and problems with sitting, lifting and standing. Travel and social life are more difficult. Patients may be off work. Personal care, sleeping and sexual activity may not be grossly affected. Conservative treatment may be sufficient.
- 41% to 60% (severe disability): Pain is a primary problem, but also significant problems in travel, personal care, social life, sexual activity and sleep. A detailed evaluation is appropriate.
- 61% to 80% (crippled): Back pain impacts all aspects of daily living and work. Active treatment is required.
- 81% to 100%: be bed bound or exaggerating their symptoms. Careful evaluation is recommended.

Neck Disability Index TheSpineAcader	ny.ie Date//	_		
If 10 is the worst pain and 0 is no pain at all, ove	r the last 4 weeks how bad is your pain	out of 10 ?		
Neck or upper back? Right arm?				
Section 1: Pain Intensity	Section 2: Personal Care (Washing, Dressing, et	r.)		
☐ I have no pain at the moment	☐ I can look after myself normally without caus	-	.	
☐ The pain is very mild at the moment	☐ I can look after myself normally but it causes	-	·	
☐ The pain is moderate at the moment	☐ It is painful to look after myself and I am slow			
☐ The pain is fairly severe at the moment	☐ I need some help but can manage most of my personal care			
☐ The pain is very severe at the moment	☐ I need help every day in most aspects of self care			
☐ The pain is the worst imaginable at the moment	☐ I do not get dressed, I wash with difficulty and stay in bed			
Section 3: Lifting	Section 4: Reading			
☐ I can lift heavy weights without extra pain	☐ I can read as much as I want to with no neck	nain		
☐ I can lift heavy weights but it gives extra pain	☐ I can read as much as I want to with slight ne			
☐ Pain prevents me lifting heavy weights off the floor,	☐ I can read as much as I want with moderate n	-		
but I can manage if they are placed, for example on a tabl	1		ain	
☐ Pain prevents me from lifting heavy weights but I can	☐ I can't read as much as I want because of sev			
manage light to medium weights if they are easily position	ı	ere ricen pair	.	
☐ I can only lift very light weights				
☐ I cannot lift or carry anything	Section 6: Concentration			
	☐ I can concentrate fully when I want to with no	difficulty		
Section 5: Headaches	☐ I can concentrate fully when I want to with sli			
☐ I have no headaches at all	☐ I have a fair degree of difficulty in concentrati		nt to	
☐ I have slight headaches, which come infrequently	☐ I have a lot of difficulty in concentrating when I want to			
☐ I have moderate headaches, which come infrequently	☐ I have a great deal of difficulty in concentrating when I want to			
☐ I have moderate headaches, which come frequently	☐ I cannot concentrate at all			
☐ I have severe headaches, which come frequently				
☐ I have headaches almost all the time	Section 8: Driving			
	☐ I can drive my car without any neck pain			
Section 7: Work	☐ I can drive my car as long as I want with sligh	neck pain		
☐ I can do as much work as I want to	☐ I can drive my car as long as I want with moderate neck pain			
☐ I can only do my usual work, but no more	☐ I can't drive my car as long as I want because of			
☐ I can do most of my usual work, but no more	moderate neck pain			
☐ I cannot do my usual work	☐ I can hardly drive at all because of severe neck pain			
☐ I can hardly do any work at all	☐ I can't drive my car at all			
☐ I can't do any work at all				
	Section 10: Recreation			
Section 9: Sleeping	☐ I am able to engage in all my recreation activ	ties		
☐ I have no trouble sleeping	with no neck pain at all			
☐ My sleep is slightly disturbed (less than 1 hr sleepless)	☐ I am able to engage in recreation, with some neck pain			
☐ My sleep is mildly disturbed (1-2 hrs sleepless)	☐ I am able to engage in most, but not all of my			
☐ My sleep is moderately disturbed (2-3 hrs sleepless)	recreation activities because of pain in my neck			
☐ My sleep is greatly disturbed (3-5 hrs sleepless)	☐ I am able to engage in a few of my usual recreation activities			
☐ My sleep is completely disturbed (5-7 hrs sleepless)	because of pain in my neck		.	
	☐ I can hardly do any recreation activities becau	ise of neck pa	ain	
	☐ I can't do any recreation activities at all			
If you are pre-operative (please circle):	If you are post-operative (please circle):			
Any Previous Neck Surgery? Yes No	Overall were you satisfied with your surgery?	Yes No	,	
Swallowing Difficulties? Yes No	2. If given the chance would you do the		·	
Hoarsenss? Yes No	same surgery again?	Yes No	,	
Previous Cervical Spine Surgery? Yes No	Returned to work after surgery?	Yes No		
	4. Retired?	Yes No		

StartBack Questionnaire

Thi	nking about the last 2 we	eks tick yo	ur response to the	following questic	ns: Disagre	e Agree
1.	My back pain has sprea	d down my	leg(s) at some tim	ne in the last 2 we	eeks 🗆	
2.	2. I have had pain in the shoulder or neck at some time in the last 2 weeks					
3. I have only walked short distances because of my back pain						
4. I have dressed more slowly than usual because of back pain						
5. It's not really safe for a person with a condition like mine to be physically active \(\Boxed{1} \)						
6. Worrying thoughts have been going through my mind a lot of the time						
7. I feel that my back pain is terrible and it's never going to get any better						
8.	In general I have not enj	j oyed all th	e things I used to e	enjoy		
9.	Overall, how botherson	e has your	back pain been in	the last 2 weeks	?	
	Not at all	Slightly	Moderately	Very much	Extremely	
Total score (all 9): Sub Score (Q5-9):						

Interpretation

