

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

- 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.

Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- 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 lifting heavy weights, but I can manage light to medium weights if they are easily positioned
- I can lift very light weights
- I cannot lift or carry anything at all

Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Sleeping

- My sleep is never disturbed at all
- My sleep is occasionally disturbed 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

Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment

Leg pain and/or tingling

- None
- Occasional slight symptoms
- Occasional severe symptoms
- Continuous severe symptoms

Personal care

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- 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 self-care
- I do not get dressed, I wash with difficulty and stay in bed

Walking

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than 1/2 mile
- Pain prevents me from walking more than 100metres
- I can only walk using a stick or crutches
- I am in bed most of the time

Standing

- 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
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

Social life

- My social life is normal and gives me no extra 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 eg. sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

Employment/Homemaking

- I can do my normal jobs without pain
- Doing jobs causes me extra pain but I can still do them
- Pain restricts me from doing my normal jobs
- Pain restricts me to only doing light duties
- Pain restricts me from doing light duties
- Pain restricts me from doing any jobs

Where in the **back** is the **pain** worst?

Where in the **leg** is the **pain** worst?

If you are pre-operative (please circle):

Any recent infection?	Yes	No		
Bladder/Bowel Difficulties?	Normal	Mild	Severe	
Numbness?	No	Sometimes	Constant	
Previous Lumbar Spine Surgery?	Yes	No		
Any Previous Abdominal Surgery?	Yes	No		

If you are post-operative (please circle):

1. Overall were you satisfied with your surgery?	Yes	No
2. If given the chance would you do the same surgery again?	Yes	No
3. Returned to work after 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.

StartBack Questionnaire

Thinking about the **last 2 weeks** tick your response to the following questions: **Disagree** **Agree**

1. My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3. I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4. I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5. It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6. Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8. In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, how bothersome has your back pain been in the last 2 weeks ?	<input type="checkbox"/>	<input type="checkbox"/>

Not at all Slightly Moderately Very much Extremely

Total score (all 9): _____ **Sub Score (Q5-9):** _____

Interpretation

