

PATIENT NAME: _____ **ID#:** _____ **DATE:** _____

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. Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN
2. How satisfied are you with the level of care and service provided? **Very Satisfied** **Satisfied** **Unsatisfied** **Very Unsatisfied**
3. Please rate your progress with functional activities from start of therapy to this point in time **Excellent** **Good** **Fair** **Poor**
4. At this point in your treatment, have your therapy goals been met? **Completely Met** **Mostly Met** **Partially Met** **Not Met**

OSWESTRY DISABILITY SCALE – FOLLOW-UP AND FINAL VISIT

1. Pain Intensity

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

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

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

3. Lifting

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

4. Walking

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

5. Sitting

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

6. Standing

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

7. Sleeping

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

8. Social Life

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

9. Traveling

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

10. Employment / Homemaking

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