PATIENT NAME:					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. I	Please rate your pain level with activity: NO PAIN =	0 1	2	3	4 5 6 7 8 9 10 = VERY SEVERE PAIN				
<u>M</u> (ODIFIED OSWESTRY DISABILITY SCALE -	INI	ΓΙΑΙ	V	<u>VISIT</u>				
1.	Pain Intensity			6.	Standing				
	I can tolerate the pain I have without having to use pain medication	١.			I can stand as long as I want without increased pain.				
	The pain is bad, but I can manage without having to take				I can stand as long as I want but, it increases my pain.				
` '	pain medication.				Pain prevents me from standing more than 1 hour.				
(2)	Pain medication provides me with complete relief from pain.				Pain prevents me from standing more than 1/2 hour.				
(3)	Pain medication provides me with moderate relief from pain.		((4)	Pain prevents me from standing more than 10 minutes.				
	Pain medication provides me with little relief from pain.			(5)	Pain prevents me from standing at all.				
(5)	Pain medication has no effect on my pain.								
				7.					
2.	Personal Care (washing, dressing, etc.)				Pain does not prevent me from sleeping well.				
	I can take care of myself normally without causing increased pain.) I can sleep well only by using pain medication.				
	I can take care of myself normally, but it increases my pain.				Even when I take pain medication, I sleep less than 6 hours				
	It is painful to take care of myself, and I am slow and careful.				Even when I take pain medication, I sleep less than 4 hours				
	I need help, but I am able to manage most of my personal care.				Even when I take pain medication, I sleep less than 2 hour				
	I need help every day in most aspects of my care. I do not get dressed, wash with difficulty, and stay in bed.		((5)) Pain prevents me from sleeping at all.				
(3)	I do not get dressed, wash with difficulty, and stay in bed.			0	Social Life				
3.	Lifting			8.) My social life is normal and does not increase my pain.				
	I can lift heavy weights without increased pain.) My social life is normal, but it increases my level of pain.				
	I can lift heavy weights, but it causes increased pain.				Pain prevents me from participating in more energetic				
	Pain prevents me from lifting heavy weights off the floor,			(2)	activities (eg. sports, dancing).				
(2)	but I can manage if the weights are conveniently positioned			(3)	Pain prevents me from going out very often.				
	(eg, on a table).				Pain has restricted my social life to my home.				
(3)	Pain prevents me from lifting heavy weights, but I can manage) I have hardly any social life because of my pain.				
` '	light to medium weights if they are conveniently positioned.				, 31				
(4)	I can lift only very light weights.		9	9.	Traveling				
(5)	I cannot lift or carry anything at all.			(0)) I can travel anywhere without increased pain.				
) I can travel anywhere, but it increases my pain.				
4.	Walking) My pain restricts my travel over 2 hours.				
	Pain does not prevent me from walking any distance.) My pain restricts my travel over 1 hour.				
	Pain prevents me from walking more than 1 mile.		((4)) My pain restricts my travel to short necessary journeys				
	Pain prevents me from walking more than ½ mile.				journeys under 1/2 hour.				
	Pain prevents me from walking more than ¼ mile.			(5)) My pain prevents all travel except for visits to the				
	I can only walk with crutches or a cane.				physician/therapist or hospital.				
(5)	I am in bed most of the time and have to crawl to the toilet.			10					
_	C:44:				. Employment / Homemaking				
5.	Sitting Lean sit in any chair as long as Llike				My normal homemaking/job activities do not cause pain.				
(0)	I can sit in any chair as long as I like.		,	(1)	My normal homemaking/job activities increase my				
(1)	I can only sit in my favorite chair as long as I like. Pain prevents me from sitting more than 1 hour.			(2)	pain, but I can still perform all that is required of me. I can perform most of my homemaking/job duties, but				
(2)	Pain prevents me from sitting more than 1 hour. Pain prevents me from sitting more than ½ hour.			(4)	pain prevents me from performing more physically				
(4)	Pain prevents me from sitting more than 10 minutes.				stressful activities (eg, lifting, vacuuming).				
(5)	Pain prevents me from sitting more than 10 minutes.			(3)	Pain prevents me from doing anything but light duties.				
(~)	p		,	· · /	, p- s , ento me nom some unjumb out nem dutios.				

ODI © Jeremy Fairbank 1980, All rights reserved. ODI contact information and permission to use: MAPI Research Trust, Lyon, France. E-mail: contact@mapi-trust.org — Internet: www.mapi-trust.org

(4) Pain prevents me from doing even light duties.

chores.

(5) Pain prevents me from performing any job or homemaking

Therapist Use Or	nly		
Comorbidities:	☐ Cancer	☐ Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington	on's, CVA, Alzheimer's, TBI)
	☐ Diabetes	☐ Obesity	ICD C. 1
		☐ Surgery for this Problem	ICD Code:
	High Blood Pressure		
	☑ Multiple Treatment Areas		