

L&I Claim Number: _____ Date: _____

Please complete this form at initial, middle, and final treatments

OSWESTRY DISABILITY INDEX (ODI)

Purpose: The ODI is a condition-specific functional measure used to assess the symptoms and severity of low back pain disablement and its impact on patient functional activities.¹ The questionnaire is designed to give the provider information as to how low back pain has affected the patient's ability to function in everyday life.

Scoring:

1. The ODI is made up of 10 questions, scored from 0-5 (minimum to maximum).

EXAMPLE:

1-Pain Intensity

- I have no pain at the moment. (*A check at this level is scored as 0*)
- The pain is very mild at the moment. (*A check at this level is scored as 1*)
- The pain is moderate at the moment. (*A check at this level is scored as 2*)
- The pain is fairly severe at the moment. (*A check at this level is scored as 3*)
- The pain is very severe at the moment. (*A check at this level is scored as 4*)
- The pain is the worst imaginable at the moment. (*A check at this level is scored as 5*)

2. The point total from each section is summed, divided by the total points possible of all sections answered, and multiplied by 100 to create a percentage disability from 0-100%, with a lower percentage indicating less disability.

$$\text{Percent Disability} = \left(\frac{\text{Total Score}}{5 \times \text{Number of Sections Answered}} \right) \times 100$$

¹ Fairbank, Jeremy CT, and Paul B. Pynsent. "The Oswestry disability index." Spine 25.22 (2000): 2940-2953.



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Section A: To be completed by patient

Age: _____ Date: _____ Occupation: _____ Number of days of back pain (this episode): _____

Section B: To be completed by patient

Please answer every question by placing a mark on the line that best describes your condition today. **Please mark only the box that most closely describes your current condition.**

Section 1-Pain Intensity

- 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.

Section 2-Personal Care (Washing, Dressing, etc.)

- 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 personal care.
- I do not get dressed, I wash with difficulty, and I stay in bed.

Section 3-Lifting

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

Section 4-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 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 5-Sitting

- I can sit in any chair as long as I like
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6-Standing

- I can stand as long as I want without increased pain.
- I can stand as long as I want but my pain increases with time.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.



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Section 7-Sleeping

- My sleep is not disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of my pain, my sleep is only 3/4 of my normal amount.
- Because of my pain, my sleep is only 1/2 of my normal amount.
- Because of my pain, my sleep is only 1/4 of my normal amount.
- Pain prevents me from sleeping at all.

Section 8-Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain has no significant effect on my social life, but prevents me from participating in more energetic activities (e.g. sports, dancing)
- Pain has restricted my social life and prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 9-Traveling

- I get no increased pain when traveling.
- I get some pain while traveling, but none of my usual forms of travel make it any worse.
- I get increased pain while traveling, but it does not cause me to seek alternative forms of travel.
- I get increased pain while traveling, which causes me to seek alternative forms of travel.
- My pain restricts all forms of travel except that which is done while I am lying down.
- My pain restricts all forms of travel.

Section 10-Sex Life (If applicable)

- My sex life is normal and does not increase my pain.
- My sex life is normal, but it increases my level of pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

Section C: To be completed by provider

Score of All Sections: _____ Percent Disability: _____

Treatment Visit (Check one): Initial Treatment Middle Treatment Final Treatment*

*If "Final Treatment" is checked, list **total number of acupuncture treatments** patient received, *and reason for discharge*: