SPINE INSTITUTE OF CENTRAL FLORIDA
WORLD-CLASS SPINE CARE
EXCELLENCE IN MINIMALLY INVASIVE SPINE SURGERY
Comprehensive Center of Excellence in ALL Spine Care & Pain Management

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Oswestry Score:_____

Name: __ _____ Date: _____

Oswestry Low Back Pain Scale

Please rate the severity of your pain by circling a number below:

0 1 2 3 4 5 6 7 8 9 10

No pain *Unbearable Pain*

Instructions: This questionnaire has been designed to give the doctor information as to how your LOW BACK PAIN has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

SECTION 1- PAIN INTENSITY
- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is moderate and does not vary much
- ☐ The pain is severe and does not vary much.

SECTION 2- PERSONAL CARE (Washing, Dressing etc.)
- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☐ I would not normally change my way of washing or dressing even though it causes some pain.
- ☐ Washing and dressing increases the pain but I manage not to change my way of doing it.
- ☐ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain, I am unable to do some washing and dressing without help.

SECTION 3- 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.
- ☐ Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned, e.g. on a table.
- ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift light weights at most.

SECTION 4 WALKING
- ☐ I have no pain when walking.
- ☐ I have some pain when walking but it does not increase with distance.
- ☐ I cannot walk more than 1 mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk at all without increasing pain.

SECTION 5 –SITTING
- ☐ I can sit in any chair as long as I like.
- ☐ I can sit only in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than ½ an hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ I avoid sitting because it increases pain immediately.

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SECTION 6- STANDING
- ☐ I can stand as long as I want without any pain.
- ☐ I have some pain on standing but it does not increase with time
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than ½ hour without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.
- ☐ Because of the pain, I am unable to do any washing and dressing without help.

SECTION 7- SLEEPING
- ☐ I get no pain in bed.
- ☐ Because of my pain my normal nights sleep is reduced by less than one-quarter.
- ☐ Because of my pain my normal nights sleep is reduced by less than one-half.
- ☐ Because of my pain, my normal nights sleep is reduced by less than three-quarters.
- ☐ Pain prevents me from sleeping at all.

SECTION 8- SOCIAL LIFE
- ☐ My social life is normal and gives me no 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, e.g., dancing, etc.
- ☐ Pain has restricted my social life and I do not go out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

SECTION 9- TRAVELING
- ☐ I get no pain when traveling.
- ☐ I get some pain when traveling but none of my usual forms of travel make it worse.
- ☐ I get extra pain while traveling, but it does not compel me to seek alternate forms of travel.
- ☐ I get extra pain while traveling which compels me to seek alternate forms of travel.
- ☐ Pain restricts me to short necessary journeys under ½ hour.
- ☐ Pain restricts all forms of travel

SECTION 10-CHANGING DEGREE OF PAIN
- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates, but is definitely getting better.
- ☐ My pain seems to be getting better but improvement is slow.
- ☐ My pain is neither getting better or worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

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RMDI Score:_____

Name:_____ Date:_____

The Roland-Morris Low Back Pain and Disability Questionnaire

Instructions: When your back hurts, you may find it difficult to do some of the things you normally do. Mark only the sentences that describe you currently:

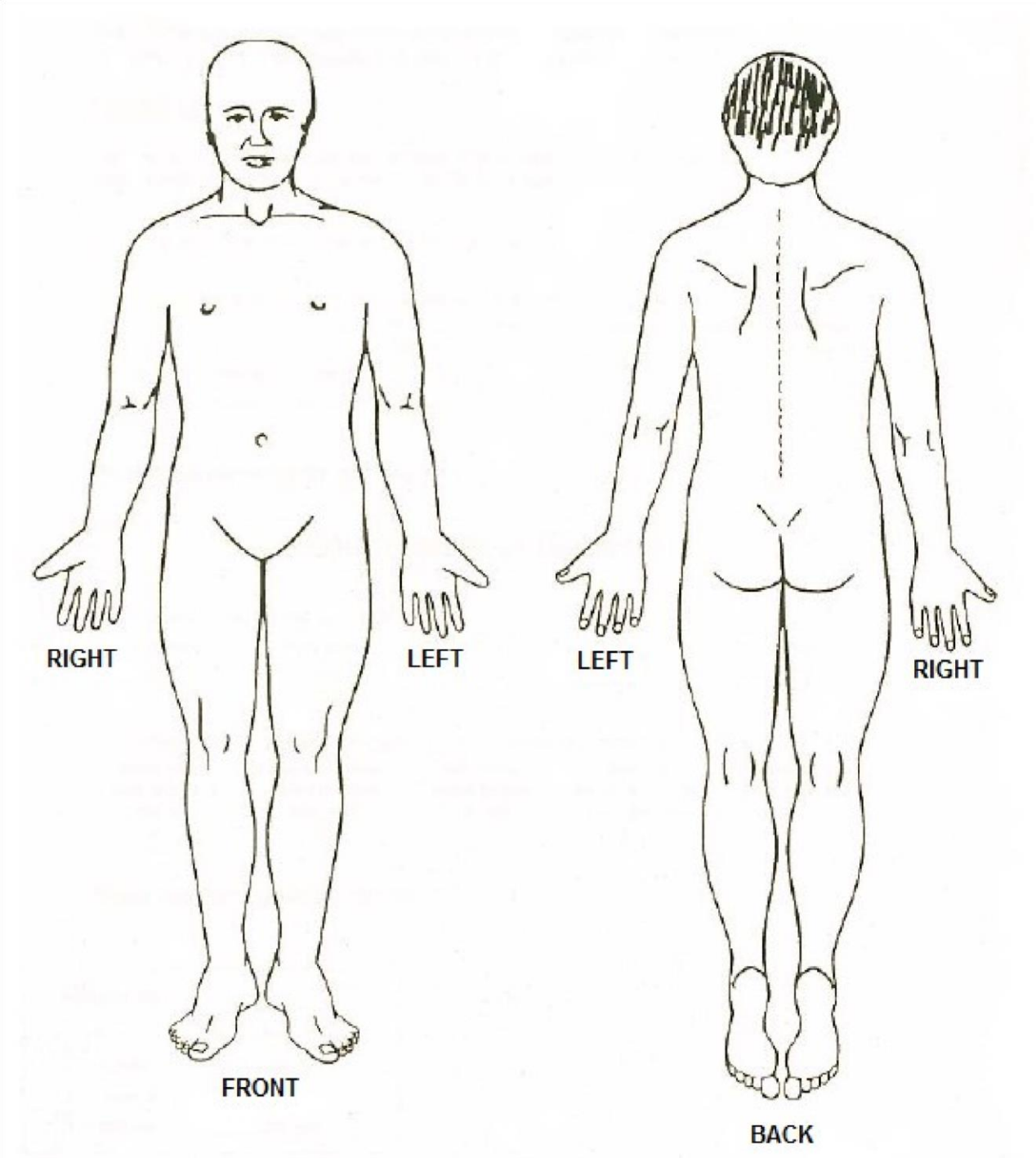
- ☐ I stay at home most of the time because of my back
- ☐ I change position frequently to try to get my back comfortable.
- ☐ I walk more slowly than usual because of my back.
- ☐ Because of my back, I am not doing any jobs that I usually do around the house.
- ☐ Because of my back, I use a handrail to get upstairs.
- ☐ Because of my back, I lie down to rest more often.
- ☐ Because of my back, I have to hold on to something to get out of an easy chair.
- ☐ Because of my back, I try to get other people to do things for me.
- ☐ I get dressed more slowly than usual because of my back.
- ☐ I only stand up for short periods of time because of my back.
- ☐ Because of my back, I try not to bend or kneel down.
- ☐ I find it difficult to get out of a chair because of my back.
- ☐ My back is painful almost all of the time.
- ☐ I find it difficult to turn over in bed because of my back.
- ☐ My appetite is not very good because of my back.
- ☐ I have trouble putting on my socks (or stockings) because of the pain in my back.
- ☐ I can only walk short distances because of my back pain.
- ☐ I sleep less well because of my back.
- ☐ Because of my back pain, I get dressed with the help of someone else.
- ☐ I sit down for most of the day because of my back.
- ☐ I avoid heavy jobs around the house because of my back.
- ☐ Because of back pain, I am more irritable and bad tempered with people than usual.
- ☐ Because of my back, I go upstairs more slowly than usual.
- ☐ I stay in bed most of the time because of my back.

Please fill in the pain drawing. This will help us understand what your pain is like and where it is now.

Using the appropriate symbol, fill in the affected areas.

Numbness, tingling, pins/needles: oooooooo **Pain, aching: xxxxxxxx**

□ NO PAIN



Last Name	First Name	Date of Visit	MRN	ICD9-1	ICD9-2

The SF-36v2 Health Survey

Instructions for Completing the Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section Your Health in General, below.

For each question you will be asked to fill in a bubble in each line:

1. How strongly do you agree or disagree with each of the following statements?

	Strongly Agree	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
a) I enjoy listening to music.	☐	☒	☐	☐	☐
b) I enjoy reading magazines.	☒	☐	☐	☐	☐

Please begin answering your questions now.

Your Health in General

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. **Compared to one year ago**, how would you rate your health in general now compared to one year ago?

Much better	Somewhat better	About the same	Worse	Much worse now
☐	☐	☐	☐	☐

Please turn the page and continue.

Office use only

☐	pre-op	☐	1 year
☐	6 week	☐	2 years
☐	3 months		
☐	6 months	☐	Office visit

3. The following questions are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) **Vigorous activities**, such as running, lifting heavy objects participating in strenuous sports	☐	☐	☐
b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf c) Lifting or carrying groceries	☐	☐	☐
d) Climbing **several** flights of stairs	☐	☐	☐
e) Climbing one flight of stairs	☐	☐	☐
f) Bending, kneeling, or stooping	☐	☐	☐
g) Walking **more than a mile**	☐	☐	☐
h) Walking **several hundred yards**	☐	☐	☐
i) Walking **one hundred yards**	☐	☐	☐
j) Bathing or dressing yourself	☐	☐	☐
	☐	☐	☐

4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

5. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐
b) Accomplished less than you would like	☐	☐	☐	☐	☐
c) Did work or other activities less carefully than usual	☐	☐	☐	☐	☐

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

7. How much bodily pain have you had during the **past 4 weeks**?

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

8. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

9. These questions are about how you feel and how things have been with you during the **past 4 weeks**.

For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) did you feel full of life?	☐	☐	☐	☐	☐
b) have you been very nervous?	☐	☐	☐	☐	☐
c) have you felt so down in the dumps nothing could cheer you up?	☐	☐	☐	☐	☐
d) have you felt calm and peaceful?	☐	☐	☐	☐	☐
e) did you have a lot of energy?	☐	☐	☐	☐	☐
f) have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g) did you feel worn out?	☐	☐	☐	☐	☐
h) have you been happy?	☐	☐	☐	☐	☐
i) did you feel tired?	☐	☐	☐	☐	☐

10. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b) I am as healthy as anybody I know	☐	☐	☐	☐	☐
c) I expect my health to get worse	☐	☐	☐	☐	☐
d) My health is excellent	☐	☐	☐	☐	☐

THANK YOU **FOR COMPLETING THIS QUESTIONNAIRE!**