

OADC SPINE QUESTIONNAIRE

Patient Name: _____ DOB: _____ Age: _____

Allscripts#: _____ EMR#: _____

Referring MD: _____

1. Please circle the number which best describes your current pain level.

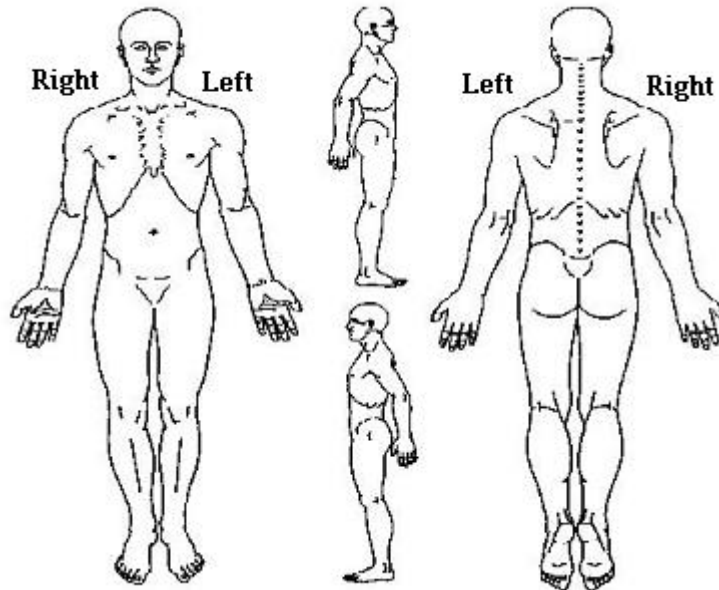
(0 represents no pain 10 is the worst pain you can imagine)

0 1 2 3 4 5 6 7 8 9 10

Numbness =====
Stabbing // // // //

Ache ^ ^ ^ ^ ^
Burning x x x x x

Pins and needles o o o o o
Cramping + + + + +



2. Which hurts you more, your legs or back? (check only one)

- 1. Legs hurt much more than back
- 2. Legs hurt somewhat more than back
- 3. Legs and back hurt more than legs
- 4. Back hurts somewhat more than legs
- 5. Back hurts much more than legs

3. Which hurts you more, your neck or arms? (check only one)

- 1. Arms hurt somewhat more
- 2. Arms hurt much more
- 3. Neck hurts much more than arms
- 4. Neck hurts somewhat more than arms
- 5. Neck and arms hurt about the same

4. Please circle the number which best describes your current pain level.

(0 represents no pain 10 is the worst pain you can imagine)

0 1 2 3 4 5 6 7 8 9 10

IF YOU HAVE BACK PROBLEMS

5. In the past week how often have you suffered from the following?
(circle one number in response to each of the following questions)

	None of the time	A little of the time	Some of the time	A good bit of time	Most of the time	All of the time
Low back pain including buttocks	1	2	3	4	5	6
Leg pain	1	2	3	4	5	6
Numbness/Tingling in the leg and/or foot	1	2	3	4	5	6
Weakness in leg and/or foot (ex. Lifting foot)	1	2	3	4	5	6

6. In the past few weeks, how bothersome have these symptoms been:
(circle one number in response to each one of the following)

	Not at all	Slightly	Somewhat	Very	Extremely
Low back pain, including buttocks	1	2	3	4	5
Leg pain	1	2	3	4	5
Numbness/Tingling in the leg and/or foot	1	2	3	4	5
Weakness in leg and/or foot	1	2	3	4	5

IF YOU HAVE NECK PROBLEMS

7. In the past week how often have you suffered from the following:
(circle one number in response to each of the following questions)

	None of the time	A little of the time	Some of the time	A good bit of time	Most of the time	All of the time
Neck pain	1	2	3	4	5	6
Arm pain	1	2	3	4	5	6
Numbness/Tingling in the arm and/or hand	1	2	3	4	5	6
Weakness in arm and/or hand	1	2	3	4	5	6

8. In the past week how bothersome have these symptoms been:
(circle one number in response to each of the following questions)

	Not at all	Slightly	Somewhat	Very	Extremely
Neck pain	1	2	3	4	5
Arm pain	1	2	3	4	5
Numbness/Tingling in the arm and/or hand	1	2	3	4	5
Weakness in arm and/or hand	1	2	3	4	5

9. During the last week how frequently have you been taking:
(circle one number in response to each of the following questions)

	3 or more times a day	Once or twice a day	Once every couple of days	Once a week	Not at all
Narcotic medication for your spine pain (such as Codeine, Percodan, Vicodin)	1	2	3	4	5
Non-narcotic medication such as Motrin, Tylenol, aspirin)	1	2	3	4	5

Muscle relaxers (such as Valium, Ativan, Meprobamate)	1	2	3	4	5
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10. How long ago did your current episode begin?
- 1. Less than two weeks ago
 - 2. Two weeks to less than eight weeks ago
 - 3. Eight weeks to less than three months ago
 - 4. Six to twelve months ago
 - 5. More than twelve months ago

11. How did your current episode begin?
- 1. Suddenly
 - 2. Gradually

Please tell us how pain has affected your ability to perform the following daily activities during the last week, marking the one statement that best describes your average ability.

12. Dressing (in the last week)
- 1. I can usually dress myself without pain
 - 2. I can dress myself without increasing pain
 - 3. I can dress myself but pain increases
 - 4. I can dress myself but have significant pain
 - 5. I cannot dress myself

13. Lifting (in the last week)
- 1. I can lift heavy objects without pain
 - 2. I can lift heavy objects but it is painful
 - 3. Pain prevents me from lifting heavy objects off the floor but I can manage if they are on a table.
 - 4. Pain prevents me from lifting heavy objects off the floor but I can manage light to medium objects if they are on a table.
 - 5. I can only lift light objects
 - 6. I cannot lift anything

14. Walking (in the last week)
- 1. Pain doesn't prevent me from walking
 - 2. Pain prevents me from walking more than one hour
 - 3. Pain prevents me from walking more than 30 minutes
 - 4. Pain prevents me from walking more than 10 minutes
 - 5. I can only walk a few steps at a time
 - 6. I am unable to walk

15. Sitting (in last week)
- 1. I can sit in any chair as long as I like
 - 2. I can only sit in a special chair for as long as I like
 - 3. Pain prevents me from sitting more than one hour
 - 4. Pain prevents me from sitting more than 30 minutes
 - 5. Pain prevents me from sitting more than a few minutes
 - 6. Pain prevents me from sitting at all

16. Standing (in last week)
- 1. I can stand as long as I want
 - 2. I can stand as long as I want but it gives me pain
 - 3. Pain prevents me from standing more than one hour
 - 4. Pain prevents me from standing more than 30 minutes
 - 5. Pain prevents me from standing more than a few minutes
 - 6. Pain prevents me from standing at all

17. Sleeping (in the last week)

- 1. I sleep well
- 2. Pain occasionally interrupts my sleep
- 3. Pain interrupts my sleep half of the time
- 4. Pain often interrupts my sleep
- 5. Pain always interrupts my sleep
- 6. I never sleep well

18. Social and recreational life (in the last week)

- 1. My social and recreational life is unchanged
- 2. My social and recreational life is unchanged but it increases pain
- 3. My social and recreational life is unchanged but it severely increases pain
- 4. Pain has restricted my social and recreational life
- 5. Pain has severely restricted my social and recreational life
- 6. I have essentially no social or recreational life because of pain

19. Traveling (in the last week)

- 1. I can travel anywhere
- 2. I can travel anywhere but it gives me pain
- 3. Pain is bad but I can manage to travel over 2 hours
- 4. Pain restricts me to trips of less than 1 hour
- 5. Pain prevents me from traveling

20. Sex life (in the past week)

- 1. My sex life is unchanged
- 2. My sex life is unchanged but causes me some extra pain
- 3. My sex life is nearly unchanged but is very painful
- 4. My sex life is severely restricted by pain
- 5. My sex life is nearly absent because of pain
- 6. Pain prevents any sex life at all

21. How often do you need to use the following assistive devices (in the last week)

	Never	Sometimes	About half the time	Often	All the time
One or two canes	1	2	3	4	5
One or two crutches	1	2	3	4	5
Walker	1	2	3	4	5
Wheelchair	1	2	3	4	5

22. Has there been any change in your medical condition (not spine related) in the past six months?

If yes, please describe.

23. Have you had prior injury or problem with the condition you are being seen for?

If yes, please describe.

TREATMENT

24. What health care providers have you used for your current back condition in the last month?

(mark all that apply)

- Acupuncturist Immediate care clinic Osteopath Chiropractor
- Internist Orthopedic Surgeon Emergency room Massage Therapist
- Pain clinic Rheumatologist Physical Therapist Work hardening clinic
- General Practitioner Neurosurgeon Other None of the above

25. Do you have any allergies to medication? If yes, please list. _____

26. Have you had any previous surgery or hospitalizations? If yes, please list. _____

27. If you are in Physical Therapy, Where? _____

28. Please indicate whether you have had any of the following tests (check all that apply)

CT MRI Plain X-rays EMG Bone scan None

Others: _____

29. Do you have a lawyer or is this/there litigation regarding your injury/illness? _____

The following questions are about how you feel and how things have been with you during the last week. For each question, please indicate one answer that comes closest to how you feel.

30. How much time during last week:

(circle one number in response to each of the following questions)

	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
Have you been a very nervous person?	1	2	3	4	5	6
Have you felt so down in the dumps, nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and peaceful?	1	2	3	4	5	6
Have you felt down hearted and blue?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6

31. Did you have a happy childhood? YES NO

32. Did you smoke cigarettes in the last month? (check only one)

1. I have never smoked

2. Yes

3. No, I quit in the last 6 months

4. No, I quit more than 6 months ago

33. Have you used alcoholic beverages (beer, wine, liquor) to relieve your current neck or back pain? (check only one)

1. No

2. Yes, once in a while

3. Yes, often

34. Do you now or have you had in the past an alcohol or drug problem?

YES

NO

35. Are you: Married Divorced Single Separated Widowed?

36. Are you or could you be pregnant? ___ YES ___ NO

37. Do you have children? ___ YES ___ NO

38. Do you have activities/hobbies? ___ YES ___ NO
If yes, which ones? _____

EMPLOYMENT SITUATION

39. Which statement describes your current employment situation? (check only one statement)

- ___ 1. Currently working
- ___ 2. On paid leave
- ___ 3. On unpaid leave
- ___ 4. Unemployment
- ___ 5. Homemaker
- ___ 6. Student
- ___ 7. Retired (not due to health)
- ___ 8. Disabled and/or retired because of my back problem
- ___ 9. Disabled due to a health problem not related to my back
- ___ 10. Other, please specify _____

40. If you are not working, how long has it been since you stopped? (check only one statement)

- ___ 1. Less than one week ago
- ___ 2. One week to less than three months ago
- ___ 3. Three months to less than six months ago
- ___ 4. Six to less than twelve months ago
- ___ 5. One to two years ago
- ___ 6. More than two years ago
- ___ 7. Currently working
- ___ 8. Never employed

41. Is your current job the same as you had when your current back symptoms started?

- ___ 1. Yes, exact same job
- ___ 2. Yes, but my job was modified or hours reduced because of my back
- ___ 3. No, I have changed jobs because of my back symptoms
- ___ 4. No, I have changed jobs but for reasons unrelated to my back
- ___ 5. Not working now

42. Please answer the next 2 questions about your current job or the one you plan to go back to if on leave
(circle one number in response to each of the following questions)

	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
How much sitting does your work involve?	1	2	3	4	5	6
How much standing or walking does your work involve?	1	2	3	4	5	6
How often do you lift 25lbs on the job?	1	2	3	4	5	6
How often do you lift 50lbs on the job?	1	2	3	4	5	6

43. Circle on number in response to each of the following questions

	Extremely	Very much	Quite a bit	Somewhat	A little	Not at all
Is your current work physically demanding?	1	2	3	4	5	6

Is your work stressful to you?	1	2	3	4	5	6
How much do you like your co-workers?	1	2	3	4	5	6
How much do you like your supervisor?	1	2	3	4	5	6



PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>Pain Intensity</i></p> <p>A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.</p>	<p><i>Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I have a great deal of difficulty in concentrating when I want to. F I cannot concentrate at all.</p>
<p><i>Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><i>Work</i></p> <p>A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.</p>
<p><i>Lifting</i></p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.</p>	<p><i>Driving</i></p> <p>A I can drive my car without any neck pain. B I can drive my car as long as I want with slight pain in my neck. C I can drive my car as long as I want with moderate pain in my neck. D I cannot drive my car as long as I want because of moderate pain in my neck. E I can hardly drive at all because of severe pain in my neck. F I cannot drive my car at all.</p>
<p><i>Reading</i></p> <p>A I can read as much as I want to with no pain in my neck. B I can read as much as I want to with slight pain in my neck. C I can read as much as I want to with moderate pain in my neck. D I cannot read as much as I want because of moderate pain in my neck. E I cannot read as much as I want because of severe pain in my neck. F I cannot read at all.</p>	<p><i>Sleeping</i></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is mildly disturbed (1-2 hours sleepless). D My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)</p>
<p><i>Headaches</i></p> <p>A I have no headaches at all. B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.</p>	<p><i>Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all. B I am able to engage in all of my recreational activities with some pain in my neck. C I am able to engage in most, but not all of my recreational activities because of pain in my neck. D I am able to engage in a few of my recreational activities because of pain in my neck. E I can hardly do any recreational activities because of pain in my neck. F I cannot do any recreational activities at all.</p>

SCORING TECHNIQUE FOR NECK DISABILITY INDEX

1. Each of the 10 sections is scored separately (0 to 5 points each) and then added up (max. total = 50).

EXAMPLE:

Section 1. Pain Intensity Point Value

- A. _____ I have no pain at the moment 0
- B. _____ The pain is very mild at the moment 1
- C. _____ The pain is moderate at the moment 2
- D. _____ The pain is fairly severe at the moment 3
- E. _____ The pain is very severe at the moment 4
- F. _____ The pain is the worst imaginable 5

2. If all 10 sections are completed, simply double the patients score.

3. If a section is omitted, divide the patient's total score by the number of sections completed times 5.

FORMULA: PATIENT'S SCORE X 100 = _____ % DISABILITY
OF SECTIONS COMPLETED X 5

EXAMPLE:

If 9 of 10 sections are completed, divide the patient's score by 9 X 5 = 45; if.....

Patient's Score: 22

Number of sections completed: 9 (9 X 5 = 45)

$22/45 \times 100 = 48\%$ disability

Reference: Fairbanks CT, Couper C, Davies JB, O'Brien JP. The Oswestry low back pain disability questionnaire. *Physio Ther* 1980;66:271-273.