SCHWARTZ PHYSICAL THERAPY

PATIENT NAME: (Last, First, MI):_____ **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.***

PLEASE RATE (CIRCLE) YOUR PAIN LEVEL WITH ACTIVITY: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

MODIFIED OSWESTRY DISABILITY SCALE - INITIAL VISIT

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

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

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

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

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

STANDING
0 I can stand as long as I want without increased pain.
1 I can stand as long as I want but it increases my pain.
2 Pain prevents me from standing more than 1 hour.
3 Pain prevents me from standing more than ½ hour.
4 Pain prevents me from standing more than 10 minutes.
5 Pain prevents me from standing at all.

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

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

TRAVELING
0 I can travel anywhere without increased pain.
1 I can travel anywhere, but it increases my pain.
2 My pain restricts my travel over 2 hours.
3 My pain restricts my travel over 1 hour.
4 My pain restricts my travel to short necessary journeys (under ½ hr.).
5 My pain prevents all travel except for visits to the physician/therapist or hospital.

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

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THERAPIST USE ONLY

Comorbidities:
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Multiple Treatment Areas
- ☐ Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)
- ☐ Obesity
- ☐ Surgery for this Problem
- ☐ Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)

ICD CODE