

Oswestry Low Back Pain Disability Questionnaire

Name _____ Chart # _____ Date _____

This questionnaire is designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. In each section, mark only the one which most closely describes your problem right now.

<p>Section 1 Pain Intensity</p> <p><input type="radio"/> A The pain comes and goes and is very mild</p> <p><input type="radio"/> B The pain is mild and does not vary much</p> <p><input type="radio"/> C The pain comes and goes and is moderate</p> <p><input type="radio"/> D The pain is moderate and does not vary much</p> <p><input type="radio"/> E The pain comes and goes and is severe</p> <p><input type="radio"/> F The pain is severe and does not vary much</p>	<p>Section 6 Walking</p> <p><input type="radio"/> A Pain does not prevent me from walking any distance</p> <p><input type="radio"/> B Pain prevents me from walking more than one mile</p> <p><input type="radio"/> C Pain prevents me from walking more than ½ mile</p> <p><input type="radio"/> D Pain prevents me from walking more than ¼ mile</p> <p><input type="radio"/> E I can only walk while using a cane or on crutches</p> <p><input type="radio"/> F I am in bed most of the time and have to crawl to toilet</p>
<p>Section 2 Personal Care</p> <p><input type="radio"/> A I would not change how I wash or dress in order to avoid pain</p> <p><input type="radio"/> B I do not normally change how I wash or dress even though it causes some pain</p> <p><input type="radio"/> C Washing and dressing increases the pain, but I manage not to change my way of doing it</p> <p><input type="radio"/> D Washing and dressing increases the pain and I find it necessary to change my way of doing it</p> <p><input type="radio"/> E Because of the pain, I am unable to do some washing and dressing without help</p> <p><input type="radio"/> F Because of the pain, I am unable to wash or dress without help</p>	<p>Section 7 Sleeping</p> <p><input type="radio"/> A I get no pain in bed</p> <p><input type="radio"/> B I get pain in bed, but it does not prevent me from sleeping well</p> <p><input type="radio"/> C Because of pain, my night's sleep is reduced by less than one quarter</p> <p><input type="radio"/> D Because of pain, my night's sleep is reduced by less than one-half</p> <p><input type="radio"/> E Because of pain, my night's sleep is reduced by less than three-quarters</p> <p><input type="radio"/> F Pain prevents me from sleeping at all</p>
<p>Section 3 Standing</p> <p><input type="radio"/> A I can stand as long as I want without pain</p> <p><input type="radio"/> B I have some pain while standing, it does not increase with time</p> <p><input type="radio"/> C I cannot stand for longer than one hour without increasing pain</p> <p><input type="radio"/> D I cannot stand for longer than ½ hour with increasing pain</p> <p><input type="radio"/> E I cannot stand for long than ten minutes with increasing pain</p> <p><input type="radio"/> F I avoid standing because it increases the pain right away</p>	<p>Section 8 Social Life</p> <p><input type="radio"/> A My social life is normal and gives me no pain</p> <p><input type="radio"/> B My social life is normal, but increases the degree of my pain</p> <p><input type="radio"/> C Pain has no significant effect on my social life apart from limiting my more energetic interests, dancing, etc.</p> <p><input type="radio"/> D Pain has restricted my social life and I do not go out very often</p> <p><input type="radio"/> E Pain has restricted my social life to my home</p> <p><input type="radio"/> F Pain have hardly any social life because of the pain</p>
<p>Section 4 Lifting</p> <p><input type="radio"/> A I can lift heavy weights without extra pain</p> <p><input type="radio"/> B I can lift heavy weights, but it causes extra pain</p> <p><input type="radio"/> C Pain prevents me from lifting heavy weights off the floor</p> <p><input type="radio"/> D Pain prevents me from lifting heavy weights of the floor, but I can manage if they are conveniently positioned, e.g. On a table</p> <p><input type="radio"/> E Pain prevents me from lifting heavy weights, I can manage light to medium weights if they are conveniently positioned</p> <p><input type="radio"/> F I can only lift very light weights, at the most</p>	<p>Section 9 Traveling</p> <p><input type="radio"/> A I get no pain while traveling</p> <p><input type="radio"/> B I get some pain while traveling, but none of my usual forms of travel make it any worse</p> <p><input type="radio"/> C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel</p> <p><input type="radio"/> D I get extra pain while traveling which compels me to seek alternative forms of travel</p> <p><input type="radio"/> E Pain restricts all forms of travel</p> <p><input type="radio"/> F Pain prevents all forms of travel except that done lying down</p>
<p>Section 5 Sitting</p> <p><input type="radio"/> A I can sit in any chair as long as I like without pain</p> <p><input type="radio"/> B I can only sit in my favorite chair as long as I like</p> <p><input type="radio"/> C Pain prevents me from sitting more than one hour</p> <p><input type="radio"/> D Pain prevents me from sitting more than ½ hour</p> <p><input type="radio"/> E Pain prevents me from sitting more than ten minutes</p> <p><input type="radio"/> F Pain prevents me from sitting at all</p>	<p>Section 10 Changing Degree of Pain</p> <p><input type="radio"/> A My pain is rapidly getting better</p> <p><input type="radio"/> B My pain fluctuates, but overall is definitely get better</p> <p><input type="radio"/> C My pain is getting better, but improvement is slow at present</p> <p><input type="radio"/> D My pain is neither getting better or worse</p> <p><input type="radio"/> E My pain is gradually worsening</p> <p><input type="radio"/> F My pain is rapidly worsening</p>

I understand that the information I have provided above is current and complete to the best of my knowledge

Signature: _____

Comments: _____
