

LOW BACK PAIN AND DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

PATIENT NAME: _____ FILE # _____ DATE: _____

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

SECTION 1 – PAIN INTENSITY

- I have no pain at the moment
- The pain is mild at the moment
- The pain comes and goes and is moderate
- The pain is moderate and does not vary very much
- The pain is severe but comes and goes
- The pain is severe and does not vary much

SECTION 2 – PERSONAL CARE

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

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, but I can manage if they are conveniently positioned, for example 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 lift very light weights
- I cannot lift or carry anything at all

SECTION 4 – WALKING

- I have no pain on walking
- I have some pain on walking but it does not increase with distance
- I cannot walk more than ½ km without increasing pain
- I cannot walk more than ¼ km without increasing pain
- I can only walk with assistance (stick, crutches)
- I cannot walk at all without increasing pain

SECTION 5 – SITTING

- I can sit in any chair as long as I like
- I can only sit 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 hour
- Pain prevents me from sitting more than 10 minutes
- I avoid sitting because it increases pain straight away

SECTION 6 – STANDING

- I can stand as long as I want without 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
- I avoid standing because it increases the pain straight away

SECTION 7 – SLEEPING

- I get no pain in bed
- I get pain in bed but it does not prevent me from sleeping well
- Due to pain, my normal night's sleep is reduced by less than ¼
- Due to pain, my normal night's sleep is reduced by less than ½
- Due to pain, my normal night's sleep is reduced by less than ¾
- 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 while traveling
- I get some pain while traveling but none of my usual forms of traveling make it any worse
- I get extra pain while traveling but it does not compel me to seek alternative forms of travel
- I get extra pain while traveling which compels me to seek alternate forms of travel
- Pain restricts all forms of travel
- Pain prevents all forms of travel except that done lying down

SECTION 10 – CHANGING DEGREE OF PAIN

- My pain is rapidly getting better
- My pain fluctuates but overall is definitely getting better
- My pain seems to be getting better but improvement is slow at present
- My pain is neither getting better nor worse
- My pain is gradually worsening
- My pain is rapidly getting worse

RATE THE SEVERITY OF YOUR LOW BACK PAIN

NO PAIN

1 2 3 4 5 6 7 8 9 10

EXTREME PAIN