

OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Name _____

Date _____

Instructions: This questionnaire has been designed to give the Physical Therapist information as to how your back pain has affected your ability to manage everyday life. Please check the ONE statement which best describes your condition in each section.

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, Etc)

- I can take care of myself normally without increasing pain
- I can take care of myself but it increases my pain
- It is painful to take care of myself. I must move slowly and carefully
- I need some help but can 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 me extra pain.
- Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned
- I can lift light to medium weights, if they are conveniently positioned.
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Walking

- Pain does not prevent me from walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than ½ mile
- Pain prevents me from walking more than 100 yards
- I can only walk using a cane, walker or crutches
- I am in bed most of the time

Section 5: Sitting

- I can sit in any chair as long as I like
- I can only sit for as long as I like if it's in my favorite chair
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6: Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it increases my pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

Section 7: Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

Section 8: Sex Life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Section 9: Social Life

- My social life is normal and does not increase my pain
- My social life is normal but increases my pain
- My pain has no effect on my social life apart from limiting my more energetic interests, like dancing
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of my pain

Section 10: Traveling

- I can travel anywhere without increasing my pain
- I can travel anywhere but it increases my pain
- My pain is bad but I manage trips over 2 hours
- My pain restricts me to trips of less than 1 hour
- My pain restricts me to short necessary trips under 30 minutes
- My pain prevents me from traveling except to my medical appointments or to the hospital

Scoring (done by physical therapist):

First box = 0

Second = 1

Third = 2

Fourth = 3

Fifth = 4

Sixth = 5

Total possible score is 50.

If all ten sections are completed, total possible score is 50. If one section is missed or not applicable, total possible score is 45. Calculate:

Total score _____ / Total possible score _____ x 100 = _____ %