

**REVISED OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

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

**SECTION 1 – Pain Intensity**

- 0. I can tolerate the pain without having to use pain killers.
- 1. The pain is bad, but I can manage without taking pain killers.
- 2. Pain killers give complete relief from pain.
- 3. Pain killers give moderate relief from pain.
- 4. Pain killers give very little relief from pain.
- 5. Pain killers have no effect on the pain, and I do not use them.

**SECTION 6 – Standing**

- 0. I can stand as long as I want without extra pain.
- 1. I can stand as long as I want but it gives extra pain.
- 2. Pain prevents me from standing more than 1 hour.
- 3. Pain prevents me from standing more than 30 minutes.
- 4. Pain prevents me from standing more than 10 minutes.
- 5. Pain prevents me from standing at all.

**SECTION 2 – Personal Care (Washing, Dressing, etc)**

- 0. I can look after myself normally without causing extra pain.
- 1. I can look after myself normally, but it causes extra pain.
- 2. It is painful to look after myself and I am slow and careful.
- 3. I need some help but manage most of my personal care.
- 4. I need help every day in most aspects of self-care.
- 5. I do not get dressed, I wash with difficulty and stay in bed.

**SECTION 7 – Sleeping**

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

**SECTION 3 – Lifting**

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights, but it causes extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor, but I can if they 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 conveniently positioned, e.g. on a table.
- 4. I can lift very light weights.
- 5. I cannot lift or carry anything.

**SECTION 8 – Social Life**

- 0. My social life is normal and gives me no extra pain.
- 1. My social life is normal but increases the degree of my pain.
- 2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- 3. Pain has restricted my social life and I do not go out as often.
- 4. Pain has restricted my social life to my home.
- 5. I have no social life because of the pain.

**SECTION 4 – Walking**

- 0. Pain does not prevent me from walking any distance.
- 1. Pain prevents me from walking more than one 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 while using a cane or a walker.
- 5. I am in bed most of the time and have to crawl to the toilet.

**SECTION 9 – Traveling**

- 0. I can travel anywhere without extra pain.
- 1. I can travel anywhere but it gives me extra pain.
- 2. Pain is bad, but I manage journeys over 2 hours.
- 3. Pain is bad, but I manage journeys less than 1 hour.
- 4. Pain restricts me to short necessary journeys under 30 minutes.
- 5. Pain prevents me from traveling except to the doctor or hospital.

**SECTION 5 – Sitting**

- 0. I can sit in any chair as long as I like without pain.
- 1. I can sit in my favorite chair as long as I like.
- 2. Pain prevents me from sitting more than one hour.
- 3. Pain prevents me from sitting more than 30 minutes.
- 4. Pain prevents me from sitting more than 10 minutes.
- 5. Pain prevents me from sitting almost all the time.

**SECTION 10 – Changing Degree of Pain**

- 0. My pain is rapidly getting better
- 1. My pain fluctuates, but overall is definitely getting better.
- 2. My pain seems to be getting better, but improvement is slow at present.
- 3. My pain is neither getting better nor worse.
- 4. My pain is gradually worsening.
- 5. My pain is rapidly worsening.

Comments: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_ Score: \_\_\_\_\_