



Name \_\_\_\_\_

Date \_\_\_\_\_

## Oswestry Low Back Disability Questionnaire

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This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. **Please click the answers below that best apply.**

**Please rate your pain level with activity: No Pain= 0 1 2 3 4 5 6 7 8 9 10=Severe Pain**

### **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 weights are conveniently positioned.
- 3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned, e.g., on a table.
- 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 1/2 mile.
- 3 Pain prevents me from walking more than 1/4 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 sit only 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 1/2 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 1/2 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 (eg. 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 hour.
- 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 (eg. 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.

**TOTAL** \_\_\_\_\_