

The Oswestry Low Back Pain Disability Questionnaire

Patient Name: _____ **Date:** _____ **Score:** _____

Please Read: Please circle **ONE NUMBER** in each section which most closely describes your problem.

Section 1- 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.

Section 2- 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, I wash with difficulty, and I stay in bed.

Section 3- 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 lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e. on a table).
3. Pain prevents me lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
4. I can lift only very light weights.
5. I cannot lift or carry anything at all.

Section 4- Walking

0. Pain does not prevent me from walking any distance.
1. I cannot walk more than 1 mile without increasing pain.
2. I cannot walk more than 1/2 mile without increasing pain.
3. I cannot walk more than 1/4 mile without increasing pain.
4. I can walk only with crutches or a cane.
5. I cannot walk at all without increasing pain.

Section 5- Sitting

0. I can sit in any chair as long as I like.
1. I can only sit 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. I avoid sitting because it increases pain immediately.

Section 6- Standing

0. I can stand as long as I want without pain.
1. I have some pain on standing but it does not increase with time.
2. I cannot stand for longer than 1 hour without increasing pain.
3. I cannot stand for longer than 1/2 hour without increasing pain.
4. I cannot stand for longer than 10 minutes without increasing pain.
5. I avoid standing because it increases pain immediately.

Section 7- 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 medication, I sleep less than 6 hours.
3. Even when I take medication, I sleep less than 4 hours.
4. Even when I take medication, I sleep less than 2 hours.
5. Pain prevents me from sleeping at all.

Section 8- Social Life

0. My social life is normal and does not increase my pain.
1. My social life is normal but it increases the degree of pain.
2. Pain prevents me from participating in more energetic interests (i.e. sports, dancing, etc).
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I have hardly any social life because of my pain.

Section 9- 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 1/2 hour.
5. My pain prevents all travel except for visits to the physician/therapist or hospital.

Section 10- 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 normal homemaking/job duties, but pain prevents me from performing most physically stressful activities (i.e. lifting, vacuuming, etc).
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 Score: _____/50

% Disability: _____

