

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.

I PAIN INTENSITY

- I can tolerate the pain that I have without having to use pain medication.
- The pain is bad but I manage without taking pain medication.
- Pain medication gives me complete relief from pain.
- Pain medication gives me moderate relief from pain.
- Pain medication gives me very little relief from pain.
- Pain medication has no effect on the pain and I do not use it.

II PERSONAL CARE (WASHING, DRESSING, ETC.)

- I can take care of myself normally without causing an increase in pain.
- I can look after myself normally but it causes an increase in my pain.
- It is painful to take care of myself and that requires me to be 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.

III LIFTING

- I can lift heavy weights without increasing my pain.
- I can lift heavy weights but it does increase my 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 only very light weights.
- I cannot lift or carry anything at all.

IV WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

V SITTING

- I can sit on 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 one hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

VI STANDING

- I can stand as long as I like without increasing my 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 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

VII SLEEPING

- Pain does not prevent me from sleeping well.
- I can sleep well only using medication.
- Even when I use medication, I have less than 6 hours of sleep.
- Even when I use medication, I have less than 4 hours of sleep.
- Even when I use medication, I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

VIII SEX LIFE

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

IX 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, for example, 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.

X 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 journeys over two hours.
- My pain restricts me to journeys of less than one hour.
- My pain restricts me to short necessary journeys under 30 minutes.
- My pain prevents me from traveling except to my medical appointments or to the hospital.

Instructions: Please place an X on the line to indicate the amount of back pain you have had in the **past 24 hours**. The scale ranges from "no pain at all" to the "worst possible pain."

no pain at all

worst pain possible