

Oswestry Low Back Disability Questionnaire

Please answer by checking **one answer in each section** which most clearly describes your problem.

Section 1: Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment.
- 2 The pain is moderate at the moment.
- 3 The pain is fairly severe at the moment.
- 4 The pain is very severe at the moment.
- 5 The pain is the worst imaginable at the moment.

Section 2: Personal Care

- 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 wash with difficulty and stay in bed.

Section 3: Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights but it gives extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- 3 Pain prevents me from lifting heavy weights, 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 walking any distance.
- 1 Pain prevents me walking more than 1 mile / 2 km.
- 2 Pain prevents me walking more than 0.5 miles / 1 km.
- 3 Pain prevents me walking more than 0.25 miles / 500 meters.
- 4 I can only walk using a stick or crutches.
- 5 I am in bed most of the time.

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 sitting more than 1 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 at all.

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 me extra pain.
- 2 Pain prevents me from standing for more than 1 hour.
- 3 Pain prevents me from standing for more than 30 minutes.
- 4 Pain prevents me from standing for more than 10 minutes.
- 5 Pain prevents me from standing at all.

Section 7: Sleeping

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

Section 8: Sex Life

- 0 My sex life is normal and causes no extra pain.
- 1 My sex life is normal but causes some extra pain.
- 2 My sex life is nearly normal but is very painful.
- 3 My sex life is severely restricted by pain.
- 4 My sex life is nearly absent because of pain.
- 5 Pain prevents any sex life at all.

Section 9: 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 pain.
- 2 Pain has no significant effect on my social life apart from limiting energetic interests such as sports or dancing.
- 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 pain.

Section 10: Traveling

- 0 I can travel anywhere without 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 restricts me to journeys of less than 1 hour.
- 4 Pain restricts me to short necessary journeys under 30 minutes.
- 5 Pain prevents me from traveling except to receive treatment.

Source: Fairbank JCT & Pynsent PB: The Oswestry Disability Index. Spine 2000; 25(22):2940-2953.
Davidson M, Keating J: A comparison of five low back disability questionnaires: reliability and responsiveness. Physical Therapy 2002; 82:8-24.

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| <p style="text-align: center;">1—What is your pain level RIGHT NOW?</p> <p>No Pain Worst Possible Pain</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> | <p style="text-align: center;">1—What is your pain level AT ITS BEST?</p> <p>No Pain Worst Possible Pain</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> |
| <p style="text-align: center;">2—What is your TYPICAL or AVERAGE pain?</p> <p>No Pain Worst Possible Pain</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> | <p style="text-align: center;">2—What is your pain level AT ITS WORST?</p> <p>No Pain Worst Possible Pain</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> |

NAME: _____

DATE: _____

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