

Patient: _____

Date: _____

LOW BACK PAIN AND DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

This questionnaire will give your doctor information about how your back condition affects your everyday life. Please answer every section and mark in each section the 'ONE' box that applies to you. We realize you may consider that two of the statements in any section may apply, but please mark the box that **most closely** describes your present-day situation.

Pain Intensity

- My pain is mild to moderate. I do not need pain killers.
- My pain is bad, but I manage without taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give very little relief from pain.
- Pain killers have no effect on the pain.

Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ½ hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Lifting

- I can lift heavy weights without causing extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor. I can manage if items are conveniently positioned, i.e., 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 only lift very light weights at the most.

Sitting

- I can sit in any chair as long as I like without pain.
- I can sit in my favorite chair only, but for as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Walking

- I can walk as far as I wish.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can walk only if I use a cane or crutches.
- I am in bed or in a chair most of the time.

Personal Care (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself normally, and I am 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.

Sleeping

- Pain does not prevent me from sleeping well.
- I sleep well, but only when taking medication.
- Even when I take medication, I sleep less than 6 hours.
- Even when I take medication, I sleep less than 4 hours.
- Even when I take medication, I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to necessary journeys under ½ hour.
- Pain prevents travelling except to the doctor/hospital.

Social Life

- Social life is normal and gives me no pain.
- Social life is normal, but increases the degree of pain.
- Pain affects my social life by limiting my more energetic interests, i.e., dancing, sports, etc..
- 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 hardly any social life because of the pain.

Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Pain Severity Scale: Rate the severity of your low back pain by checking one box on the following scale

No pain 0 1 2 3 4 5 6 7 8 9 10 **Excruciating pain**