

## Low Back Disability Questionnaire (Oswestry)

This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. Please answer every section by filling in the **ONE** circle which applies to you.

### Section 1 – Pain Intensity

- ① I have no pain at the moment.
- ② The pain is very mild at the moment.
- ③ The pain is moderate at the moment.
- ④ The pain is fairly severe at the moment.
- ⑤ The pain is very severe at the moment.
- ⑥ The pain is the worst imaginable at the moment.

### Section 2 – Personal Care (Washing, Dressing, etc.)

- ① I can look after myself normally without causing extra pain.
- ② I can look after myself normally but it causes extra pain.
- ③ It is painful to look after myself and I am slow and careful.
- ④ I need some help but manage most of my personal care.
- ⑤ I need help every day in most aspects of self care.
- ⑥ I do not get dressed, I wash with difficulty and stay in bed.

### Section 3 – Lifting

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights but it gives extra pain.
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- ④ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ⑤ I can lift very light weights.
- ⑥ I cannot lift or carry anything at all.

### Section 4 – Walking

- ① Pain does not prevent me from walking any distance.
- ② Pain prevents me from walking more than 1 mile.
- ③ Pain prevents me from walking more than ½ mile.
- ④ Pain prevents me from walking more than ¼ mile.
- ⑤ I can only walk using a stick or crutches.
- ⑥ I am in bed most of the time and have to crawl to the toilet.

### Section 5 – Sitting

- ① I can sit in any chair as long as I like.
- ② I can only sit in my favorite chair as long as I like.
- ③ Pain prevents me from sitting more than 1 hour.
- ④ Pain prevents me from sitting more than 30 minutes.
- ⑤ Pain prevents me from sitting more than 10 minutes.
- ⑥ Pain prevents me from sitting almost all the time.

Scoring: Each section is scored vertically from 0-5. Calculate the total sum and multiply by 2. Divide this number by number of sections answered times 10. This will be the percent of disability caused by neck pain.

Score: \_\_\_\_\_ % ADL Disability

### Section 6 – Standing

- ① I can stand as long as I want without extra pain.
- ② I can stand as long as I want but it gives extra pain.
- ③ Pain prevents me from standing more than 1 hour.
- ④ Pain prevents me from standing more than 30 minutes.
- ⑤ Pain prevents me from standing more than 10 minutes.
- ⑥ Pain prevents me from standing at all.

### Section 7 – Sleeping

- ① Pain does not prevent me from sleeping well..
- ② I can sleep only by using pain medication.
- ③ Even when I take pain medication, I sleep less than 6 hours.
- ④ Even when I take pain medication, I sleep less than 4 hours.
- ⑤ Even when I take pain medication, I sleep less than 2 hours.
- ⑥ Pain prevents me from sleeping at all.

### Section 8 – Social Life

- ① My social life is normal and gives me no extra pain.
- ② My social life is normal but increases the degree of pain.
- ③ Pain has no significant effect on my social life apart from limiting my more energetic activities (ex: sports, dancing).
- ④ Pain prevents me from going out very often.
- ⑤ Pain has restricted my social life to my home.
- ⑥ I have no social life because of pain.

### Section 9 – Traveling

- ① I can travel anywhere without extra pain.
- ② I can travel anywhere but it increases my pain.
- ③ Pain is bad but I manage journeys over 2 hours
- ④ Pain is bad but I manage journeys less than 1 hour.
- ⑤ Pain restricts me to short necessary journeys under 30 minutes.
- ⑥ Pain prevents me from traveling except to the doctor or hospital.

### Section 10 – Employment/Homemaking

- ① My normal homemaking/job activities do not cause pain.
- ② My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- ③ I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex. Lifting, vacuuming).
- ④ Pain prevents me from doing anything but light duties.
- ⑤ Pain prevents me from doing even light duties.
- ⑥ Pain prevents me from performing any job/homemaking chores.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_