

Name: _____

Date: _____

Oswestry Low Back Pain Disability Questionnaire

Please answer by checking **ONE** box in each section for the statement which best applies to you.

Section 1- Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2 - Personal Care

- I can look after myself normally without extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself 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

Section 3- Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights when conveniently placed
- I can lift very light weights
- I cannot lift or carry any weight at all

Section 4 – Walking

- Pain does not prevent me from walking any distance
- 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 100 yards
- I can only walk using a stick or crutches
- I am in bed most of the time

Section 5 – Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me sitting more than 1 hour
- Pain prevents me sitting more than ½ hour
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6 – Standing

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

Please Complete Back Side

Section 7 – Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I get less than 6 hours sleep
- Because of pain I get less than 4 hours sleep
- Because of pain I get less than 2 hours sleep
- Pain prevents me from sleeping at all

Section 8 – Sex Life (if applicable)

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

Section 9 – Social Life

- My social life is normal and gives no extra pain
- My social life is normal but gives extra pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg sports
- 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 pain

Section 10 – Traveling

- I can travel anywhere without pain
- I can travel anywhere but it gives extra pain
- Pain is bad but I manage journeys over 2 hours
- Pain restricts me to journey less than 1 hour
- Pain restricts me to short necessary journeys under ½ hour
- Pain prevents me from traveling except to receive treatment