



## Modified Oswestry Low Back Pain Disability Questionnaire

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

This questionnaire has been designed to give the therapist information as to how your back pain has affected your ability to manage in everyday life. **Please answer every section and mark only ONE box which applies to you.** We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

### Section 1: Pain Intensity

- I can tolerate the pain I have without having to use medication.
- The pain is bad but I can manage without taking medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication has no effect on the pain.

### Section 7: Sleeping

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

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

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally but it increases my pain.
- It is painful to take care of myself & I am slow and careful.
- I need help, but I am able to manage most of my personal care.
- I need help everyday in most aspects of self care.
- I do not get dressed, wash with difficulty & stay in bed.

### Section 8: Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain prevents me from participating in more energetic activities (e.g., sports, dancing, etc.)
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of pain.

### Section 3: Lifting

- I can lift heavy weights without causing increased pain.
- I can lift heavy weights, but it causes increased pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned. (e.g., on a table)
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

### Section 9: Traveling

- I can travel anywhere without increased pain.
- I can travel anywhere, but it increases my pain.
- My pain restricts my travel over 2 hours.
- My pain restricts my travel over 1 hour.
- My pain restricts my travel to short necessary journeys under ½ hour.
- My pain prevents all travel except for visits to the physician/therapist or hospital.

### 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 ¼ mile.
- I can only walk with crutches or a cane.
- I am in bed most of the time & have to crawl to the toilet.

### Section 10: Employment/Homemaking

- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming).
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

### Section 5: Sitting

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

### Section 6: Standing

- I can stand as long as I want without increased 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 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Score: \_\_\_\_\_/50