

## LOW BACK PAIN AND DISABILITY QUESTIONNAIRE (Revised Oswestry)

Patient Name: \_\_\_\_\_ File# \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ INSTRUCTIONS:**

*This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section 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 just mark the box which most closely describes your problem.*

<p><b>SECTION 1 - PAIN INTENSITY</b></p> <p><input type="checkbox"/> The pain comes and goes and is very mild.  <input type="checkbox"/> The pain is mild and does not vary much.  <input type="checkbox"/> The pain comes and goes and is moderate.  <input type="checkbox"/> The pain is moderate and does not vary much.  <input type="checkbox"/> The pain comes and goes and is severe.  <input type="checkbox"/> The pain is severe and does not vary much.</p> <p><b>SECTION 2 - PERSONAL CARE</b></p> <p><input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain.  <input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes pain.  <input type="checkbox"/> Washing and dressing increase the pain but I manage not to change my way of doing it.  <input type="checkbox"/> Washing and dressing increase the pain and I find it necessary to change my way of doing it.  <input type="checkbox"/> Because of the pain I am unable to do some washing and dressing without help.  <input type="checkbox"/> Because of the pain I am unable to do any washing and dressing without help.</p> <p><b>SECTION 3 - LIFTING</b></p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.  <input type="checkbox"/> I can lift heavy weights but it causes extra pain.  <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor.  <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table).  <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.  <input type="checkbox"/> I can only lift very light weights at the most.</p> <p><b>SECTION 4 - WALKING</b></p> <p><input type="checkbox"/> I have not pain on walking.  <input type="checkbox"/> I have some pain on walking but it does not increase with distance.  <input type="checkbox"/> I cannot walk more than one km. without increasing pain.  <input type="checkbox"/> I cannot walk more than ½ km. without increasing pain.  <input type="checkbox"/> I cannot walk more than ¼ km. without increasing pain.  <input type="checkbox"/> I cannot walk at all without increasing pain.</p> <p><b>SECTION 5 - SITTING</b></p> <p><input type="checkbox"/> I can sit in any chair as long as I like.  <input type="checkbox"/> I can only sit in my favourite chair as long as I like.  <input type="checkbox"/> Pain prevents me from sitting more than one hour.  <input type="checkbox"/> Pain prevents me from sitting more than half hour.  <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes.  <input type="checkbox"/> I avoid sitting because it increases pain straight away.</p>	<p><b>SECTION 6 - STANDING</b></p> <p><input type="checkbox"/> I can stand as long as I want without pain.  <input type="checkbox"/> I have some pain on standing but it does not increase with time.  <input type="checkbox"/> I cannot stand for longer than one hour without increasing pain.  <input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain.  <input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain.  <input type="checkbox"/> I avoid standing because it increases the pain straight away.</p> <p><b>SECTION 7 - SLEEPING</b></p> <p><input type="checkbox"/> I get no pain in bed.  <input type="checkbox"/> I get pain in bed but it does not prevent me from sleeping well.  <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¼.  <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ½.  <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¾.  <input type="checkbox"/> Pain prevents me from sleeping at all.</p> <p><b>SECTION 8 - SOCIAL LIFE</b></p> <p><input type="checkbox"/> My social life is normal and gives me no pain.  <input type="checkbox"/> My social life is normal but increases the degree of pain.  <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.)  <input type="checkbox"/> Pain has restricted my social life and I do not go out very often.  <input type="checkbox"/> Pain has restricted my social life to my home.  <input type="checkbox"/> I have hardly any social life because of the pain.</p> <p><b>SECTION 9 - TRAVELLING</b></p> <p><input type="checkbox"/> I get no pain whilst travelling.  <input type="checkbox"/> I get some pain whilst travelling but none of my usual forms of travel make it any worse.  <input type="checkbox"/> I get extra pain whilst travelling but it does not compel me to seek alternative forms of travel.  <input type="checkbox"/> I get extra pain whilst travelling which compels me to seek alternative forms of travel.  <input type="checkbox"/> Pain restricts all forms of travel.  <input type="checkbox"/> Pain prevents all forms of travel except that done lying down.</p> <p><b>SECTION 10 - CHANGING DEGREE OF PAIN</b></p> <p><input type="checkbox"/> My pain is rapidly getting better.  <input type="checkbox"/> My pain fluctuates but overall is definitely getting better.  <input type="checkbox"/> My pain seems to be getting better but improvement is slow at present.  <input type="checkbox"/> My pain is neither getting better nor worse.  <input type="checkbox"/> My pain is gradually worsening.  <input type="checkbox"/> My pain is rapidly worsening.</p>
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**Pain Severity Scale:**

*Rate the severity of your pain by checking one box on the following scale.*

No Pain	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	Excruciating Pain
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