

Oswestry Low Back Disability Questionnaire

Instructions: Please circle the **ONE NUMBER** in each section which most closely describes your problem.

Section 1 – Pain Intensity

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

Section 2 - Personal Care (Washing, Dressing, etc.)

- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help but manage most of my personal care.
- 4 I need help every day in most aspects of self-care.
- 5 I need help every day in all aspects of self-care.

Section 3 – Lifting

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

Section 4 – Walking

- 0 Pain does not prevent me walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking more than 100 yards.
- 4 I can only walk using a stick or crutches.
- 5 I am in bed most of the time.

Section 5 – Sitting

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

Section 6 – Standing

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

Section 7 – Sleeping

- 0 My sleep is never disturbed by pain.
- 1 My sleep is occasionally disturbed by pain.
- 2 Because of pain I have less than 6 hours sleep.
- 3 Because of pain I have less than 4 hours.
- 4 Because of pain I have less than 2 hours.
- 5 Pain prevents me from sleeping at all.

Section 8 – Sex Life (if applicable)

- 0 My sex life is normal and causes no extra pain.
- 1 My sex life is normal but causes some extra pain.
- 2 My sex life is nearly normal but it is very painful.
- 3 My sex life is severely restricted because of pain.
- 4 My sex life is nearly absent because of pain.
- 5 Pain prevents any sex life at all.

Section 9 – Social Life

- 0 My social life is normal and gives me no extra pain.
- 1 My social life is normal but increases the degree of pain.
- 2 Pain has no significant effect on my social life apart from limiting my more energetic interests.
- 3 Pain has restricted my social life and I do not go out as often.
- 4 Pain has restricted my social life to my home.
- 5 I have no social life because of pain.

Section 10 – Traveling

- 0 I can travel anywhere without pain.
- 1 I can travel anywhere but it gives me extra pain.
- 2 Pain is bad but I manage journeys over two hours.
- 3 Pain restricts me to journeys of less than one hour.
- 4 Pain restricts me to short necessary journeys under 30 minutes.
- 5 Pain prevents me from traveling except to receive treatments.

TOTAL: _____