

Modified Oswestry Low Back Pain Disability Questionnaire



NAME: _____ DATE: _____

On a scale of 0(no pain)-10(worst possible pain) please rate your pain _____

Please answer **EVERY** question by placing a mark in the **ONE** box that best describes your condition today

<p><u>Pain intensity</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment. 	<p><u>Personal care (washing, dressing, etc.)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without causing extra pain <input type="checkbox"/> I can look after myself normally but it is very painful. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self care. <input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.
<p><u>Sleeping</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> My sleep is never disturbed by pain. <input type="checkbox"/> My sleep is occasionally disturbed by pain. <input type="checkbox"/> Because of pain I have less than 6 hours sleep. <input type="checkbox"/> Because of pain I have less than 4 hours sleep. <input type="checkbox"/> Because of pain I have less than 2 hours sleep. <input type="checkbox"/> Pain prevents me from sleeping at all. 	<p><u>Walking</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me walking any distance. <input type="checkbox"/> Pain prevents me walking more than 1 mile. <input type="checkbox"/> Pain prevents me walking more than ¼ of a mile. <input type="checkbox"/> Pain prevents me walking more than 100 yards. <input type="checkbox"/> I can only walk using a stick or crutches. <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet
<p><u>Sitting</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting for more than ½ an hour. <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all. 	<p><u>Standing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without extra pain. <input type="checkbox"/> I can stand as long as I want but it gives me extra pain. <input type="checkbox"/> Pain prevents me from standing for more than 1 hour. <input type="checkbox"/> Pain prevents me from standing for more than ½ an hour. <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes. <input type="checkbox"/> Pain prevents me from standing at all.
<p><u>Lifting</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <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 lift only very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p><u>Social life</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and causes me no extra 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. sport, etc. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often. <input type="checkbox"/> Pain has restricted social life to my home. <input type="checkbox"/> I have no social life because of pain.
<p><u>Traveling</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without pain. <input type="checkbox"/> I can travel anywhere but it gives extra pain. <input type="checkbox"/> Pain is bad but I manage journeys over two hours. <input type="checkbox"/> Pain restricts me to journeys of less than one hour. <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes. <input type="checkbox"/> Pain prevents me from travelling except to receive treatment 	<p><u>Employment/Homemaking</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> My normal homemaking/job activities do not cause pain. <input type="checkbox"/> My normal homemaking/job activities increase my pain, but I can still perform all that is required of me. <input type="checkbox"/> I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities(e.g. lifting,) <input type="checkbox"/> Pain prevents me from doing anything but light duties. <input type="checkbox"/> Pain prevents me from doing even light duties. <input type="checkbox"/> Pain prevents me from performing any job/homemaking chores.

TOTAL OSWESTRY PERCENTAGE: _____%

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