

Low Back Pain Disability Index (Revised Oswestry)

Patient Name: _____ Date: _____

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 please just mark the box which most closely describes your problem.

SECTION 1—PAIN INTENSITY

- The pain comes and goes & is very mild
- The pain is mild & does not vary much
- The pain comes and goes & is moderate
- The pain is moderate and does not vary much
- The pain comes and goes and is very severe
- The pain is severe and does not vary much

SECTION 2—PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain
- I do not normally change my way of washing or dressing even though it causes some pain
- Washing & dressing increase the pain but I manage not to change my way of doing it
- Washing & dressing increase the pain & I find it necessary to change my way of doing it
- Because of the pain I am unable to do some washing & dressing without help
- Because of the pain I am unable to do any washing & dressing without help

SECTION 3—LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but it causes extra pain
- Pain prevents me from lifting heavy weights off the floor, I can manage if they are conveniently positioned ie: on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

SECTION 4—WALKING

- I have no pain when I walk
- I have some pain on walking but it doesn't increase with distance
- I cannot walk more than one mile without increasing pain
- I cannot walk more than ½ mile without increasing pain
- I cannot walk more than ¼ mile without increasing pain
- I cannot walk at all without increasing pain

SECTION 5—SITTING

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me from sitting more than one hour
- Pain prevents me from sitting more than ½ hour
- Pain prevents me from sitting more than 10 minutes
- I avoid sitting because it increases pain straight away

SECTION 6—STANDING

- I can stand as long as I want without pain
- I have some pain on standing but it does not increase with time
- I cannot stand for longer than one hour without increasing pain
- I cannot stand for longer than ½ hour without increasing pain
- I cannot stand for longer than 10 minutes without increasing pain
- I avoid standing because it increases the pain straight away

SECTION 7—SLEEPING

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr. sleepless)
- My sleep is mildly disturbed (1-2 hrs. sleepless)
- My sleep is moderately disturbed (2-3 hrs. sleepless)
- My sleep is greatly disturbed (3-4 hrs. sleepless)
- My sleep is completely disturbed (5-7 hrs. sleepless)

SECTION 8—SOCIAL LIFE

- My social life is normal & gives me no pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. dancing
- Pain has restricted my social life & I don't go out very often
- Pain has restricted my social life to my home
- I have hardly any social life because of the pain

SECTION 9—TRAVELLING

- I get no pain while travelling
- I get some pain while travelling, but none of my usual forms of travel make it worse
- I get extra pain while travelling, but it doesn't compel me to seek alternative forms of travel
- I get extra pain while traveling which compels me to seek alternative forms of travel
- Pain restricts all forms of travel
- Pain prevents all forms of travel except that done lying down

SECTION 10—CHANGING DEGREE OF PAIN

- My pain is rapidly getting better
- My pain fluctuates but overall is definitely getting better
- My pain seems to be getting better but improvement is slow at present
- My pain is neither getting better nor worse
- My pain is gradually worsening
- My pain is rapidly worsening

Pain Severity Scale: Rate the severity of your pain by circling one box of the following scale.

No Pain

0	1	2	3	4	5	6	7	8	9	10
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Excruciating Pain