

Modified Oswestry Low Back Pain Disability Questionnaire:

Last Name: _____ First Name: _____ Date: _____ Patient #: _____

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer each Section by "circling" the **ONE** choice that most applies to you. We realize that you may feel that more than one statement may relate to you, but please **just circle the one choice which closely describes your current condition.**

Section 1 - Pain intensity

- 0 I can tolerate the pain I have without having to use pain medication.
- 1 The pain is bad, but I can manage without having to take pain medication.
- 2 Pain medication provides me with complete relief from pain.
- 3 Pain medication provides me with moderate relief from pain.
- 4 Pain medication provides me with little relief from pain.
- 5 Pain medication has no effect on my pain.

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 everyday in most aspects of self care.
- 5 I do not get dressed; I wash with difficulty and stay in bed.

Section 3 - Lifting

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

Section 4 - Walking

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile. (1 mile = 1.6 km).
- 2 Pain prevents me from walking more than 1/2 mile.
- 3 Pain prevents me from walking more than 1/4 mile.
- 4 I can walk only with crutches or a cane.
- 5 I am in bed most of the time and have to crawl to the toilet.

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 from sitting for more than 1 hour.
- 3 Pain prevents me from sitting for more than 1/2 hour.
- 4 Pain prevents me from sitting for more than 10 minutes.
- 5 Pain prevents me from sitting at all.

Neck Disability Index Form Continued:

Section 6 - Standing

- 0 I can stand as long as I want without increased pain.
- 1 I can stand as long as I want, but it pain increases my pain.
- 2 Pain prevents me from standing more than 1 hour.
- 3 Pain prevents me from standing more than 1/2 hour.
- 4 Pain prevents me from standing more than 10 minutes.
- 5 Pain prevents me from standing at all.

Section 7 - Sleeping

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

Section 8 - Social Life

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

Section 9 - Traveling

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

Section 10 - Employment / Homemaking

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

Page 2 of 2

Therapist Use Only:

If an item in each section is selected, add the total score of all 10 sections and then double it to get your percentage score. (eg. If total points from all 10 sections was 20, double the points and the reported score would be 40)

If all items are not scored, then add up the total from all of the sections that were filled out, then divide by the total number of available points (i.e. if only 8 sections were answered, then the total possible points would be 40, not 50) (eg. If total points from 8 sections was 16, then calculate: $16/40 \times 100 = 40$. This is the score you report)

Score: