



Modified Oswestry Low Back Pain Disability Questionnaire

ATIENT NAME: DATE OF BIRTH:

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please choose only one answer per section. We realize you may feel that two of the statements may describe your condition, but please only select the best answer that most closely describes your current condition.

SECTION 1 - Pain Intensity

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

SECTION 2 - Personal Care (Washing, Dressing)

I can take care of myself normally without causing increased pain I can take care of myself normally, but it increases my pain It is painful to take care of myself, & I am slow & careful I need help, but I am able to manage most of my personal care I need help every day in most aspects of my care I do not get dressed; I wash with difficulty, & I stay in bed

SECTION 3 - Lifting

I can lift heavy weights without increased pain
I can lift heavy weights, but it causes increased pain
Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned – 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 only very light weights
I cannot lift or carry anything at all

SECTION 4 - Walking

Pain does not prevent me from walking any distance
Pain prevents me from walking more than 1 mile (1.6 km)
Pain prevents me from walking more than ½ mile
Pain prevents me from walking more than ¼ mile
I can walk only with crutches or a cane
I am in bed most of the time & have to crawl to the toilet



Be sure to scroll to the 2nd page

SECTION 5 - Sitting

I can sit in any chair as long as I like

I can only sit in my favorite chair as long as I like

Pain prevents me from sitting for more than 1 hour

Pain prevents me from sitting for more than ½ hour

Pain prevents me from sitting for *more* than 10 minutes

Pain prevents me from sitting at all

SECTION 6 - Standing

I can stand as long as I want without increased pain

I can stand as long as I want, but it increases my pain

Pain prevents me from standing for *more* than 1 hour

Pain prevents me from standing for more than ½ hour

Pain prevents me from standing for *more* than 10 minutes

Pain prevents me from standing at all

SECTION 7 - Sleeping

Pain does *not* prevent me from sleeping well

I can sleep well only by using pain medication

Even when I take medication, I sleep less than 6 hours

Even when I take medication, I sleep less than 4 hours

Even when I take medication, I sleep less than 2 hours

Pain prevents me from sleeping at all

SECTION 8 - Social Life

My social life is normal & does not increase my pain

My social life is normal, but it *increases* my level of pain

Pain prevents me from participating in more energetic activities - sports, dancing, etc

Pain prevents me from going out *very often*

Pain has restricted my social life to my home

I have hardly any social life because of my pain

SECTION 9 - Traveling

I can travel *anywhere* without increased pain

I can travel anywhere, but it increases my pain

My pain restricts my travel over 2 hours

My pain restricts my travel over 1 hour

My pain restricts my travel to short necessary journeys under ½ hour

My pain prevents all travel, except for visits to the physician, therapist, or hospital.

SECTION 10 - Employment / Homemaking

My normal homemaking / job activities do *not* cause pain

My normal homemaking / job activities *increase* my pain, but I can still perform all that is required of me I can perform *most* of my homemaking / job duties, but pain *prevents* me from performing more

physically stressful activities - lifting, vacuuming, etc

Pain prevents me from doing anything but light duties

Pain prevents me from doing even light duties

Pain prevents me from performing any job or homemaking chores