Low Back Disability Questionnaire (Revised Oswestry)

Patient Name: _____________________________________________________________________ Date: ___________________

Section 1 – Pain Intensity

□ I can tolerate the pain without having to use painkillers.
□ The pain is bad but I can manage without taking painkillers.
□ Painkillers give complete relief from pain.
□ Painkillers give moderate relief from pain.
□ Painkillers give very little relief from pain.
□ Painkillers have no effect on the pain and I do not use them.

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

□ I can look after myself normally without causing extra pain.
□ I can look after myself normally but it causes extra pain.
□ It is painful to look after myself and I am slow and careful.
□ I need some help but manage most of my personal care.
□ I need help every day in most aspects of self care.
□ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

□ I can lift heavy weights without extra pain.
□ I can lift heavy weights but it gives extra pain.
□ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example 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

□ Pain does not prevent me from walking any distance.
□ Pain prevents me from walking more than one mile.
□ Pain prevents me from walking more than one-half mile.
□ Pain prevents me from walking more than one-quarter mile.
□ I can only walk using a stick or crutches.
□ I am in bed most of the time and have to crawl to the toilet.

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 more than one hour.
□ Pain prevents me from sitting more than 30 minutes.
□ Pain prevents me from sitting more than 10 minutes.
□ Pain prevents me from sitting almost all the time.

Section 6 – Standing

□ I can stand as long as I want without extra pain.
□ I can stand as long as I want but it gives extra pain.
□ Pain prevents me from standing more than 1 hour.
□ Pain prevents me from standing more than 30 minutes.
□ Pain prevents me from standing 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 tablets.
□ Even when I take tablets I have less than 6 hours sleep.
□ Even when I take tablets I have less than 4 hours sleep.
□ Even when I take tablets I have less than 2 hours sleep.
□ Pain prevents me from sleeping at all.

Section 8 – Social Life

□ My social life is normal and gives me no extra 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 and I do not go out as often.
□ Pain has restricted my social life to my home.
□ I have no social life because of pain.

Section 9 – Traveling

□ I can travel anywhere without extra pain.
□ I can travel anywhere but it gives me extra pain.
□ Pain is bad but I manage journeys over 2 hours.
□ Pain is bad but I manage journeys less than 1 hour.
□ Pain restricts me to short necessary journeys under 30 min.
□ Pain prevents me from traveling except to the doctor or hospital.

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 the present.
□ My pain is neither getting better nor worse.
□ My pain is gradually worsening.
□ My pain is rapidly worsening.

Please mark where your pain level is on the above scale from 0-10.

(Score____x2)/(____Sections x10) = _________ %ADL disability