

## Oswestry Back Disability Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realize that you may consider that two or more statements in any one section apply but please just **choose the one that most clearly describes your problem.**

### Section 1: Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment
- 2 The pain is moderate at the moment
- 3 The pain is fairly severe at the moment
- 4 The pain is very severe at the moment
- 5 The pain is the worst imaginable at the moment

### Section 2: Personal Care (washing, dressing, etc.)

- 0 I can look after myself normally without causing extra pain
- 1 I can look after myself but it causes extra pain
- 2 It is painful to look after myself if I am slow and careful
- 3 I need some help but can manage most of my personal care
- 4 I need help every day in most aspects of self-care
- 5 I do not get dressed, 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 gives me extra pain
- 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently placed
- 3 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently placed
- 4 I can only lift very light weights
- 5 I cannot lift or carry anything

### Section 4: Walking

- 0 Pain does not prevent me from walking any distance
- 1 Pain prevents me from walking more than 2 miles
- 2 Pain prevents me from walking more than 1 mile
- 3 Pain prevents me from walking more than ½ mile
- 4 I can only walk using a stick or crutches
- 5 I can barely walk or not at all

### Section 5: Sitting

- 0 I can sit in any chair for as long as I like
- 1 I can only sit in my favorite chair for 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 30 minutes
- 4 Pain prevents me from sitting for more than 10 minutes
- 5 I cannot sit at all due to pain

### Section 6: Standing

- 0 I can stand as long as I want to without extra pain
- 1 I can stand as long as I want to but it gives me extra pain
- 2 Pain prevents me from standing for more than 1 hour
- 3 Pain prevents me from standing for more than 30 minutes
- 4 Pain prevents me from standing for more than 10 minutes
- 5 I cannot stand at all due to pain

### Section 7: Sleeping

- 0 My sleep is never disturbed by pain
- 1 My sleep is occasionally disturbed by pain
- 2 Because of pain I have less than 6 hours of sleep
- 3 Because of pain I have less than 4 hours of sleep
- 4 Because of pain I have less than 2 hours of sleep
- 5 I can't sleep at all because of the pain

### Section 8: Sex Life (if applicable)

- 0 My sex life is normal and causes no extra pain
- 1 My sex life is normal but causes some extra pain
- 2 My sex life is nearly normal but is very painful
- 3 My sex life is severely restricted by pain
- 4 My sex life is nearly absent because of pain
- 5 Pain prevents any sex life at all

### Section 9: Social Life

- 0 My social life is normal and gives me no extra pain
- 1 My social life is normal but increases my pain
- 2 Pain limits only my more energetic interests, e.g. sport
- 3 Pain has restricted my social life and I do not go out as often
- 4 Pain has restricted my social life to my home
- 5 I have no social life because of pain

### Section 10: Traveling

- 0 I can travel anywhere without pain
- 1 I can travel anywhere but it gives me extra pain
- 2 Pain is bad but I manage trips longer than 2 hours
- 3 Pain restricts me to trips of less than one hour
- 4 Pain restricts me to trips of less than 30 minutes
- 5 Pain prevents me from traveling except to receive treatment

Score: \_\_\_\_\_%