

LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY INDEX)

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

Activities of Daily Living Assessment

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 number which MOST CLOSELY describes your problem.

SECTION 1-PAIN INTENSITY

- 0\_\_ My pain is mild to moderate. I do not need pain killers.
1\_\_ The pain is bad, but I manage without taking pain killers.
2\_\_ Pain killers give complete relief from pain.
3\_\_ Pain killers give moderate relief from pain.
4\_\_ Pain killers give very little relief from pain.
5\_\_ Pain killers have no effect on the pain.

SECTION 2-PERSONAL CARE

- 0\_\_ I can look after myself normally, w/out 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 w/out causing 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 items are conveniently positioned, ie. on a table.
3\_\_ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
4\_\_ I can lift only very light weights.
5\_\_ I cannot lift or carry anything at all.

SECTION 4-WALKING

- 0\_\_ I can walk as far as I wish
1\_\_ Pain prevents me from walking more than 1 mile.
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 only walk if I use a cane or crutches.
5\_\_ I am in bed or in a chair for most of every day.

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

SECTION 6-STANDING

- 0\_\_ I can stand as long as I want without extra pain.
1\_\_ I can stand as long as I want, but it gives me extra 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 sleep well, but only when taking 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\_\_ Social life is normal and causes me no extra pain.
1\_\_ Social life is normal, but it increases the degree of pain.
2\_\_ Pain affects my social life by limiting only, my more energetic interests, such as dancing, sports, etc.
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 or pain.

SECTION 9-SEXUAL ACTIVITY

- 0\_\_ Sexual activity is normal and causes me no extra pain.
1\_\_ Sexual activity is normal, but it causes some extra pain.
2\_\_ Sexual activity is nearly normal, but it is very painful.
3\_\_ Sexual activity is severely restricted by pain.
4\_\_ Sexual activity is nearly absent because of pain.
5\_\_ Pain prevents any sexual activity at all.

SECTION 10-TRAVELING

- 0\_\_ I can travel anywhere w/out extra pain.
1\_\_ I can travel anywhere, but it gives me extra pain.
2\_\_ Pain is bad, but I manage journeys over 2 hours.
3\_\_ Pain restricts me to journeys of less than 1 hour.
4\_\_ Pain restricts me to necessary journeys under 1/2 hour.
5\_\_ Pain prevents traveling except to the doctor/hospital.

Score \_\_\_\_\_ (50)

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Pain Scale: Rate the severity of low back pain by circling one of the following numbers on the following scale.

0 1 2 3 4 5 6 7 8 9 10
(NO PAIN) (UNBEARABLE PAIN)