**REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE**

Please Read: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. But PLEASE JUST CIRCLE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW

**Section 6 –STANDING**

A. I can stand as long as I want without pain

B. I have some pain while standing, but it does not increase w/time

C. I cannot stand for longer than 1 hr. without increasing pain

D. I cannot stand for longer than ½ hr. without increasing pain

E. I cannot stand for longer than 10 min without increasing pain

F. I avoid standing because it increases the pain straight away

**Section 1 – PAIN INTENSITY**

A. The pain comes and goes and is very mild

B. The pain is mild and does not vary much

C. The pain comes and goes and is moderate

D. The pain is moderate and does not vary much

E. The pain comes and goes and is severe

F. The pain is severe and does not vary much

C

**Section 2 – PERSONAL CARE**

A. I would not have to change my way of washing or dressing

in order to avoid pain

B. I do not normally change my way of washing or dressing

even though it causes some pain

C. Washing & dressing increases the pain, but I manage not

to change my way of doing it

D Washing & dressing increases the pain & I find it necessary

to change my way of doing it

E. Because of the pain, I am unable to do some washing &

dressing without help

F. Because of the pain, I am unable to do any washing or

dressing without help

**Section 7 – SLEEPING**

A. I get no pain in bed

B. I get pain in bed, but it does not prevent me from sleeping well

C. Because of pain, my normal night’s sleep is reduced by less than

One quarter

D. Because of pain, my normal night’s sleep is reduced by less than

one half

E. Because of pain, my normal night’s sleep is reduced by less than

three quarters

F. Pain prevents me from sleeping at all

PATIENT’S SIGNATURE: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL THERAPIST: SCORE:

**Section 4 – WALKING**

A. Pain does not prevent me from walking nay distances

B. Pain prevents me from walking more than one mile

C. Pain prevents me from walking more than ½ mile

D. Pain prevents me from walking more than ¼ mile

E. I can only walk while using a cane or on crutches

F. I am in bed most of the time and have to crawl to the

toilet

**Section 10 – CHANGING DEGREE OF PAIN**

A. My pain is rapidly getting better

B. My pain fluctuates, but overall is definitely getting better

C. My pain seems to be getting better, but improvement is slow

D. My pain is neither getting better or worse

E. My pain is gradually worsening

F. My pain is rapidly worsening

**Section 9 – TRAVELING**

A. I have no pain while traveling

B. I have some pain while traveling, but none of my usual forms of

travel makes it any worse

C. I get extra pain while traveling, but it does no compel me to

seek alternative forms of travel

D. I get extra pain while traveling which compels me to seek

Alternative forms of travel

E. Pain restricts all forms of travel

F. Pain prevents all forms of travel except that done lying down

**Section 5 – SITTING**

A. I can sit in any chair as long as I like…without pain

B. I can only sit in my favorite chair as l like

C. Pain prevents me from sitting more than one hour

D. Pain prevents me from sitting more than ½ hour

E. Pain prevents me from sitting more than ten minutes

F. Pain prevents me from sitting at all

**Section 8 – SOCIAL LIFE**

A. My social life is normal and gives me no pain

B. My social life is normal, but increases the degree of my pain

C. Pain has no significant effect on my social life apart from limiting

my more energetic interests, e.g. dancing, etc

D. Pain has restricted my social life & I don’t go out very often

E. Pain has restricted my social life to my home

F. I have hardly any social life because of the pain

**Section 3 – LIFTING**

A. I can lift heavy weights without extra pain

B. I can lift heavy weights, but it causes extra pain

C. Pain prevents me from lifting heavy weights off the floor

D. Pain prevents me from lifting heavy weights off the floor,

but I can manage if they are conveniently positioned

E. Pain prevents me from lifting heavy weights, but I can

manage light to medium weights if they are conveniently

positioned

F. I can only lift very light weights, at the most