

Modified Oswestry Low Back Pain Disability Questionnaire v1.4

Modified with version from Fritz, JM, and Irrgang, JJ, *Physical Therapy*, 81:776-88, 2001. Used with permission.

To be completed by the PATIENT

Directions: 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 statement 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 one which most closely describes your problem.

Today's Date (MM/DD/YY)

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Shade circles like this:
Not like this:



Please do not mark outside the circles or make stray marks on the survey.

Last Name: _____
First Name: _____
DOB: _____

01. Pain Intensity (Mark only one)

- 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.

02. Personal Care (e.g., Washing, Dressing) (Mark only one)

- 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, and I am slow and 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, wash with difficulty, and stay in bed.

03. Lifting (Mark only one)

- 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 (e.g., 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.

04. Walking (Mark only one)

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
(1 mile = 1.6 km)
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk with crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet.

05. Sitting (Mark only one)

- 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 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

06. Standing (Mark only one)

- 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 more than 1 hour.
- Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

Please continue on next page



07. Sleeping (Mark only one)

- Pain does not prevent me from sleeping well.
- I can sleep well only by using pain medication.
- Even when I take pain medication, I sleep less than 6 hours.
- Even when I take pain medication, I sleep less than 4 hours.
- Even when I take pain medication, I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

08. Social Life (Mark only one)

- My social life is normal and does not increase my pain.
- My social life is normal, but increases my level of pain.
- Pain prevents me from participating in more energetic activities (e.g., sports, dancing).
- 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.

09. Traveling (Mark only one)

- 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 1/2 hour.
- My pain prevents all travel except for visits to the physician/therapist or hospital.

10. Employment/Homemaking (Mark only one)

- 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 (e.g., lifting, vacuuming).
- 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.

VAS Pain Scales

11. On a scale from 0 to 10, mark the intensity of your back pain during the past week, with 0 being 'None' and 10 being 'Unbearable pain'. (Mark only one)

None | 0 1 2 3 4 5 6 7 8 9 10 | Unbearable

12. On a scale from 0 to 10, mark the intensity of your left leg pain during the past week, with 0 being 'None' and 10 being 'Unbearable pain'. (Mark only one)

None | 0 1 2 3 4 5 6 7 8 9 10 | Unbearable

13. On a scale from 0 to 10, mark the intensity of your right leg pain during the past week, with 0 being 'None' and 10 being 'Unbearable pain'. (Mark only one)

None | 0 1 2 3 4 5 6 7 8 9 10 | Unbearable

