

Revised Oswestry Low Back Pain Disability Questionnaire

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Name _____ Date _____

Please mark the ONE choice from EACH group that best describes you.

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.

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 sleeping well.
some pain.
less than

- C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
less than
- D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E. Because of the pain, I am unable to do some washing and dressing without help.
- F. Because of the pain, I am unable to do any washing or dressing without help.

LIFTING

- A) I can lift heavy weights without extra pain.

- B) I can lift heavy weights, but it causes extra pain.
degree of my 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.g., on a table.
out very often.
- 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.

STANDING

- A. I can stand as long as I want without pain.
- B. I have some pain while standing, but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than ½ hour without increasing pain.

- E. I cannot stand for longer than ten minutes without increasing pain.
- F. I avoid standing, because it increases the pain straight away.

SLEEPING

- A. I get no pain in bed.
- B. I get pain in bed, but it does not prevent me from

- C. Because of pain, my normal night's sleep is reduced by one-quarter.

- D. Because of pain, my normal night's sleep is reduced by 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.

SOCIAL LIFE

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

- B. My social life is normal, but increases the

- C. Pain has no significant effect on my social life apart from limiting my moreenergetic interests, e.g., dancing, etc.
- D. Pain has restricted my social life and I do not go

- E. Pain has restricted my social life to my home.

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

TRAVELING

WALKING

- A. Pain does not prevent me from walking any distance.
forms of
- 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 1/4 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.

SITTING

- A. I can sit in any chair as long as I like without pain.
down.
- B. I can only sit in my favorite chair as long as I 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 10 minutes.
- F. I avoid sitting because it increases pain immediately.

- A. I get no pain while traveling.
- B. I get some pain while traveling, but none of my usual
travel make it any worse.
- C. I get extra pain while traveling, but it does not 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

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.

Patient Signature _____ **Date** _____