

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

### **Low Back Pain and Disability Questionnaire (Revised Oswestry)**

This questionnaire will give your doctor information about how your back condition affects your everyday life. Please answer every section and mark in each section the '**ONE**' box that applies to you. We realize you may consider that two of the statements in any section may apply, but please mark the box that **most closely** describes your present-day situation.

#### **Pain Intensity**

- My pain is mild to moderate. I do not need pain killers.
- My pain is bad, but I manage without taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give very little relief from pain.
- Pain killers have no effect on the pain.

#### **Standing**

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ½ hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

#### **Lifting**

- I can lift heavy weights without causing extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor. I can manage if items are conveniently positioned, i.e., 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 only lift very light weights at the most.

#### **Sitting**

- I can sit in any chair as long as I like without pain.
- I can sit in my favorite chair only, but for as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

#### **Walking**

- I can walk as far as I wish.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can walk only if I use a cane or crutches.
- I am in bed or in a chair most of the time.

#### **Personal Care (washing, dressing, etc.)**

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself normally, and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed. I wash with difficulty and stay in bed.

#### **Sleeping**

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

#### **Traveling**

- I can travel anywhere without extra pain.
- I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to necessary journeys under ½ hour.
- Pain prevents travelling except to the doctor/hospital.

#### **Social Life**

- Social life is normal and gives me no pain.
- Social life is normal, but increases the degree of pain.
- Pain affects my social life by limiting my more energetic interests, i.e., dancing, sports, etc..
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

#### **Changing Degree of Pain**

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

**Pain Severity Scale:** Rate the severity of your pain by checking one box on the following scale

No pain    ①    ②    ③    ④    ⑤    ⑥    ⑦    ⑧    ⑨    ⑩    Excruciating pain