

OSWESTRY DISABILITY LOW BACK PAIN QUESTIONNAIRE

NAME: _____

DATE: _____

This questionnaire is designed to give information as to how your back and leg pain affects your ability to manage in everyday life. Please read carefully and **MARK ONLY THE BOX WHICH MOST APPLIES TO YOU** in each section.

Completion of this form is voluntary. Non completion does not affect treatment. Data will be used anonymously in research to evaluate clinical outcomes.

Section 1: Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment
- 2 The pain is moderate at the moment
- 3 The pain is fairly severe at the moment
- 4 The pain is very severe at the moment
- 5 The pain is the worst imaginable at the moment

Section 3: Lifting

- 0 I can lift heavy weights without 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 they are conveniently placed i.e. on a table
- 3 Pain prevents me from lifting heavy weights if they are conveniently placed
- 4 I can lift only very light weights
- 5 I cannot lift to carry anything at all

Section 5: Sitting

- 0 I can sit in any chair as long as I like
- 1 I can sit in my favourite chair as long as I like
- 2 Pain prevents me from sitting for more than 1 hour
- 3 Pain prevents me from sitting for more than ½ an hour
- 4 Pain prevents me from sitting for more than 10 minutes
- 5 Pain prevents me from sitting at all

Section 2: Personal Care

- 0 I can look after myself normally without causing extra pain
- 1 I can look after myself normally but it causes extra pain
- 2 I need some help but manage most of my personal care
- 3 I need help every day in most aspects of self care
- 4 I do not get dressed, wash with difficulty and stay in bed

Section 4: Walking

- 0 Pain does not prevent me from walking any distance
- 1 Pain prevents me from walking more than 2kms
- 2 Pain prevents me from walking more than 1km
- 3 Pain prevents me from walking more than ½ km
- 4 I can only walk using a stick or crutches
- 5 I am in a bed most of the time and have to crawl to the toilet

Section 6: Standing

- 0 I can stand as long as I like without extra pain
- 1 I can stand as long as I want but it gives me extra pain
- 2 Pain prevents me from standing for more than 1 hour
- 3 Pain prevents me from standing for more than ½ an hour
- 4 Pain prevents me from standing for more than 10 minutes

Section 7: Sleeping

- 0 My sleep is never disturbed by pain
- 1 My sleep is occasionally disturbed by pain
- 2 Because of my pain I have less than 6 hours of sleep
- 3 Because of my pain I have less than 4 hours of sleep
- 4 Because of my pain I have less than 2 hours of sleep
- 5 Pain prevents me from sleeping at all

Section 9: Social Life

- 0 My social life is normal and causes no extra pain
- 1 My social life is normal but increases the degree of pain
- 2 Pain has no effect on my social life except to restrict energetic activity i.e. sport
- 3 Pain has restricted my social life and I do not go out as often
- 4 Pain is restricted entirely and I do not go out at all

Section 8: Sex Life (if applicable)

- 0 My sex life is normal and causes no extra pain
- 1 My sex life is normal but causes some extra pain
- 2 My sex life is nearly normal but is moderately painful
- 3 My sex life is severely restricted by pain
- 4 My sex life is nearly absent because of pain
- 5 Pain prevents any sex life at all

Section 10: Travelling

- 0 I can travel anywhere without 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 journeys of less than ½ an hour
- 5 Pain prevents me from travelling except to receive treatment