

| | | | | | |
|---------------|--|-------|----|--------|----|
| Patient Name: | | Date: | // | Score: | 0% |
|---------------|--|-------|----|--------|----|

LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

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 box 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 box which MOST CLOSELY describes your problem.

| Section 1: Pain Intensity 0 | | Section 6: Standing 0 | |
|-----------------------------|--|-----------------------|---|
| (0) | I can tolerate the pain without having to use painkillers. | (0) | I can stand as long as I want without extra pain. |
| (1) | The pain is bad, but I can manage without taking painkillers. | (1) | I can stand as long as I want but it gives me extra pain. |
| (2) | Painkillers give complete relief from pain. | (2) | Pain prevents me from standing more than 1 hour. |
| (3) | Painkillers give moderate relief from pain. | (3) | Pain prevents me from standing more than 30 minutes. |
| (4) | Painkillers give very little relief from pain. | (4) | Pain prevents me from standing more than 10 minutes. |
| (5) | Painkillers have no effect on the pain, and I do not use them. | (5) | Pain prevents me from standing at all. |

| Section 2: Personal Care 0 (Washing, Dressing) | | Section 7: Sleeping 0 | |
|---|---|-----------------------|--|
| (0) | I can look after myself normally, without causing extra pain. | (0) | Pain does not prevent me from sleeping well. |
| (1) | I can look after myself normally, but it causes extra pain. | (1) | I can sleep well only by using tablets. |
| (2) | It is painful to look after myself and I am slow and careful. | (2) | Even when I take tablets I have less than 6 hours sleep. |
| (3) | I need some help but manage most of my personal care. | (3) | Even when I take tablets I have less than 4 hours sleep. |
| (4) | I need help ever day in most aspects of self-care. | (4) | Even when I take tablets I have less than 2 hours sleep. |
| (5) | I do not get dressed, I wash with difficulty and stay in bed. | (5) | Pain prevents me from sleeping at all. |

| Section 3: Lifting 0 | | Section 8: Social Life 0 | |
|----------------------|--|--------------------------|---|
| (0) | I can lift heavy weights without extra pain. | (0) | My social life is normal and gives me no extra pain. |
| (1) | I can lift heavy weights, but it gives extra pain. | (1) | My social life is normal but increases the degree of pain. |
| (2) | Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table. | (2) | Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing. |
| (3) | Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. | (3) | Pain has restricted my social life and I do not go out as often. |
| (4) | I can lift very light weights. | (4) | Pain has restricted my social life to my home. |
| (5) | I cannot lift or carry anything at all. | (5) | I have no social life because of pain. |

| | Section 4: Walking 0 | | Section 9: Traveling 0 |
|-----|---|-----|---|
| (0) | Pain does not prevent me from walking any distance. | (0) | I can travel anywhere without extra pain. |
| (1) | Pain prevents me from walking more than one mile. | (1) | I can travel anywhere but it gives me extra pain. |
| (2) | Pain prevents me from walking more than one-half mile. | (2) | Pain is bad but I manage journeys over 2 hours. |
| (3) | Pain prevents me from walking more than one-quarter mile. | (3) | Pain is bad but I manage journeys less than 1 hours. |
| (4) | I can only walk using a stick or crutches. | (4) | Pain restricts me to short necessary journeys under 30 minutes. |
| (5) | I am in bed most of the time and have to crawl to the toilet. | (5) | Pain prevents me from traveling except to the doctor or hospital. |

| | Section 5: Sitting 0 | | Section 10: Changing degree of pain 0 |
|-----|--|-----|---|
| (0) | I can sit in any chair as long as I like. | (0) | My pain is rapidly getting better. |
| (1) | I can only sit in my favorite chair as long as I like. | (1) | My pain fluctuates but overall is definitely getting better. |
| (2) | Pain prevents me from sitting more than one hour. | (2) | My pain seems to be getting better but improvement is slow at the presents. |
| (3) | Pain prevents me from sitting more than 30 minutes. | (3) | My pain I neither getting better nor worse. |
| (4) | Pain prevents me from sitting more than 10 minutes. | (4) | My pain is gradually worsening. |
| (5) | Pain prevents me from sitting almost all the time. | (5) | My pain is rapidly worsening. |

Scoring: Question are scored on a vertical scale of 0-5. Total scores and multiply be 2. Divide by number of section answered multiplied by 10. A score of 22% or more is considered significant activities of daily living disability.

(Score 0 x 2=0) / (10 Sections x 10 =100) = Therefore:

Score = 0 / Section Box = 100 = Total 0% ADL Disability

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204