

Name: _____ Date: _____ DOB: _____

Modified Oswestry Low Back Pain Disability Questionnaire

Please Read: This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in each section only the one box that best describes your condition today. We realize you may consider that two of these statements in any one section relate to you, **but please just mark the box which most closely describes your current condition.**

Section 1 – Pain Intensity

- A. I can tolerate the pain I have without having to use medication
- B. The pain is bad, but I can manage without taking medication
- C. Pain medication provides me with complete relief from pain
- D. Pain medication provides me with moderate relief from pain
- E. Pain medication provides me with little relief from pain
- F. Pain medication has no effect on the pain

Section 2 – Personal Care (Washing, Dressing, etc)

- A. I can take care of myself normally without increased pain
- B. I can take care of myself normally, but it increases my pain
- C. It is painful to take care of myself & I am slow and careful
- D. I need help, but I am able to manage most of my personal care
- E. I need help everyday in most aspects of self-care
- F. I do not get dressed, was with difficulty & stay in bed

Section 3 - Lifting

- A. I can lift heavy weights without increased pain
- B. I can lift heavy weights, but it causes increased pain
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (ex, on the table)
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
- E. I can lift only very light weights
- F. I cannot lift or carry anything at all

Section 4 - Walking

- A. Pain does not prevent me from walking any distance
- B. Pain prevents me from walking more than 1 mile
- C. Pain prevents me from walking more than ½ mile
- D. Pain prevents me from walking more than ¼ mile
- E. I can walk only with crutches or a cane
- F. I am in bed most of the time & have to crawl to the toilet

Section 5 - Sitting

- A. I can sit in any chair as long as I like
- B. I can only sit in my favorite chair for as long as I like
- C. Pain prevents me from sitting for more than one hour
- D. Pain prevents me from sitting for more the ½ hour
- E. Pain prevents me form sitting for more than 10 minutes
- F. Pain prevents me from sitting at all

Section 6 - Standing

- A. I can stand as long as I want without increased pain
- B. I can stand as long as I want, but it increases my pain
- C. Pain prevents me from standing for more than one hour
- D. Pain prevents me from standing for more the ½ hour
- E. Pain prevents me form standing for more than 10 minutes
- F. Pain prevents me from standing at all

Section 7 - Sleeping

- A. Pain does not prevent me from sleeping well
- B. I can sleep well only be using pain medication
- C. Even when I take pain medication, I sleep less than 6 hours
- D. Even when I take pain medication, I sleep less than 4 hours
- E. Even when I take pain medication, I sleep less than 2 hours
- F. Pain prevents me from sleeping at all

Section 8 – Social Life

- A. My social life is normal and does not increase my pain
- B. My social life is normal, but it increases my pain
- C. Pain prevents me from participating in more energetic activities (ex, sports, dancing, etc..)
- D. Pain prevents me from going out very often
- E. Pain has restricted my social life to home
- F. I have hardly any social life because of pain

Section 9 - Travelling

- A. I can travel anywhere without increased pain
- B. I can travel anywhere, but it increases my pain
- C. My pain restricts my travel over 2 hours
- D. My pain restricts my travel over 1 hour
- E. My pain restricts my travel to short necessary journeys under ½ hour
- F. My pain prevents all travel except for visits to the physician/therapist or hospital

Section 10- Employment/Homemaking

- A. My normal homemaking/job activities do not cause pain
- B. My normal homemaking/job activities increase my pain, but I can still perform all that is required of me
- C. I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex, lifting, vacuuming)
- D. Pain prevents me from doing anything but light duties
- E. Pain prevents me from even doing light duties
- F. Pain prevents me from performing any job or homemaking chores