

# The Oswestry Disability Index For Low Back Pain

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday-life activities. 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 one section relate to you, but please just mark the box that most clearly describes your present-day situation.

## SECTION 1—PAIN INTENSITY

- A. My pain is mild to moderate; I do not need painkillers.
- B. The pain is bad, but I manage without taking painkillers.
- C. Painkillers give complete relief from pain.
- D. Painkillers give moderate relief from pain.
- E. Painkillers give very little relief from pain.
- F. Painkillers have no effect on the pain.

## SECTION 2—PERSONAL CARE

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

## SECTION 3—LIFTING

- A. I can lift heavy weights without causing extra pain.
- B. I can lift heavy weights, but it gives me extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, i.e. on the table.
- D. Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently proportioned.
- E. I can lift only very light weights.
- F. I cannot lift or carry anything at all.

## SECTION 4—WALKING

- A. I can walk as far as I wish.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than 1/2 mile.
- D. Pain prevents me from walking more than 1/4 mile.
- E. I can walk only if I use a cane or crutches.
- F. I am in bed or in a chair for most of every day.

## SECTION 5—SITTING

- A. I can sit in any chair for as long as I like.
- B. I can sit in my favorite chair only, but for as long as I like.
- C. Pain prevents me from sitting for more than 1 hour.
- D. Pain prevents me from sitting for more than 1/2 hour.
- E. Pain prevents me from 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 extra pain.
- B. I can stand as long as I want, but it gives me extra pain.
- C. Pain prevents me from standing for more than 1 hour.
- D. Pain prevents me from standing more than 1/2 hour.
- E. Pain prevents me from standing 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 sleep well, but only when taking medication.
- C. Even when I take medication, I sleep less than 6 hours.
- D. Even when I take medication, I sleep less than 4 hours.
- E. Even when I take 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 causes me no extra pain.
- B. My social life is normal, but increases the degree of pain.
- C. Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
- D. Pain affects my social life, and I do not go out as often.
- E. Pain has restricted my social life to my home.
- F. I have no social life because of pain.

## SECTION 9—TRAVELING

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

## SECTION 10—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 at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

Pain Severity Scale:

**Rate your usual level of pain today by checking one box on the following scale.**

0	1	2	3	4	5	6	7	8	9	10
No Pain										Excruciating Pain

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SCORE:** \_\_\_\_\_ / \_\_\_\_\_ **Office use only**

References:

Fairbank, J.C., Couper, J., Davies, J.B., & O'Brien, J.P. (1980). The Oswestry low back pain disability questionnaire. *Physiotherapy*, 66, 271-273.

Fritz, J.M., & Irrgang, J.J. (2001). A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. *Physical Therapy*, 81, 776-788.