

Name: \_\_\_\_\_

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

### The Oswestry Low Back Disability Questionnaire

How long have you had back pain? \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

How long have you had leg pain? \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

Please read:

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 the *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*.

<b>Section 1 – Pain Intensity</b>		<b>Section 3 – Standing</b>	
<input type="checkbox"/>	I can tolerate the Pain I have without having to use pain killers.	<input type="checkbox"/>	I can stand as long as I want without extra pain.
<input type="checkbox"/>	The pain is bad but I manage with taking pain killers.	<input type="checkbox"/>	I can stand as long as I want but it gives me extra pain.
<input type="checkbox"/>	Pain killers give complete relief from pain.	<input type="checkbox"/>	Pain prevents me from standing for more than 1 hour.
<input type="checkbox"/>	Pain killers give moderate relief from pain.	<input type="checkbox"/>	Pain prevents me from standing for more than 30 minutes.
<input type="checkbox"/>	Pain killers give very little relief from pain.	<input type="checkbox"/>	Pain prevents me from standing for more than 10 minutes.
<input type="checkbox"/>	Pain killers have no effect on the pain and I do not use them.	<input type="checkbox"/>	Pain prevents me from standing at all.

<b>Section 2 – Personal Care (Washing, Dressing, etc.)</b>		<b>Section 4 – Sleeping</b>	
<input type="checkbox"/>	I can look after myself normally without causing extra pain.	<input type="checkbox"/>	Pain does not prevent me from sleeping well.
<input type="checkbox"/>	I can look after myself normally but it causes extra pain.	<input type="checkbox"/>	I can sleep well only by using tablets.
<input type="checkbox"/>	It is painful to look after myself and I am slow and careful.	<input type="checkbox"/>	Even when I take tablets I have less than six hours sleep.
<input type="checkbox"/>	I need some help but manage most of my personal care.	<input type="checkbox"/>	Even when I take tablets I have less than five hours sleep.
<input type="checkbox"/>	I need help every day in most aspects of self care.	<input type="checkbox"/>	Even when I take tablets I have less than two hours sleep.
<input type="checkbox"/>	I do not get dressed, was with difficulty and stay in bed.	<input type="checkbox"/>	Pain prevents me from sleeping at all.

<b>Section 5 - Lifting</b>		<b>Section 8 – Sex Life</b>	
<input type="checkbox"/>	I can lift heavy weights without extra pain.	<input type="checkbox"/>	My sex life is normal and causes no extra pain.
<input type="checkbox"/>	I can lift heavy weights but it gives extra pain.	<input type="checkbox"/>	My sex life is normal but causes some pain.
<input type="checkbox"/>	Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.	<input type="checkbox"/>	My sex life is normal but it is very painful.
<input type="checkbox"/>	Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.	<input type="checkbox"/>	My sex life is severely restricted by pain.
<input type="checkbox"/>	I can lift only very light weights.	<input type="checkbox"/>	My sex life is nearly absent because of pain.
<input type="checkbox"/>	I cannot lift or carry anything at all.	<input type="checkbox"/>	Pain prevents any sex life at all.

<b>Section 6 - Walking</b>		<b>Section 9 – Social Life</b>	
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<input type="checkbox"/>	Pain does not prevent me from walking any distance.	<input type="checkbox"/>	My social life is normal and gives me no extra pain.
<input type="checkbox"/>	Pain prevents me from walking more than 1 mile.	<input type="checkbox"/>	My social life is normal but increases the degree of pain.
<input type="checkbox"/>	Pain prevents me walking more than ½ mile.	<input type="checkbox"/>	Pain has no significant effect on my social life apart from limiting my more energetic interests, eg dancing, etc.
<input type="checkbox"/>	Pain prevents me walking more than ¼ mile.	<input type="checkbox"/>	Pain has restricted my social life and I do not go out as often.
<input type="checkbox"/>	I can only walk using a stick or crutches.	<input type="checkbox"/>	Pain has restricted my social life to my home.
<input type="checkbox"/>	I am in bed most of the time and have to crawl to the toilet.	<input type="checkbox"/>	I have no social life because of pain.

<b>Section 7 - Sitting</b>		<b>Section 10 – Traveling</b>	
<input type="checkbox"/>	I can sit in any chair as long as I like.	<input type="checkbox"/>	I can travel anywhere without extra pain.
<input type="checkbox"/>	I can only sit in my favorite chair as long as I like.	<input type="checkbox"/>	I can travel anywhere but it gives me extra pain.
<input type="checkbox"/>	Pain prevents me sitting more than 1 hour.	<input type="checkbox"/>	Pain is bad but I can manage journeys over two hours.
<input type="checkbox"/>	Pain prevents me sitting more than ½ hour.	<input type="checkbox"/>	Pain restricts me to journeys of less than 1 hour.
<input type="checkbox"/>	Pain prevents me sitting more than ¼ hour.	<input type="checkbox"/>	Pain restricts me to short necessary journeys under 30 mins.
<input type="checkbox"/>	Pain prevents me from sitting at all.	<input type="checkbox"/>	Pain prevents me from travelling except to the doctor or hospital.

Comments: \_\_\_\_\_

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