MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

NAME: _____ AGE: _____ DATE: _____

OCCUPATION: _____ NUMBER OF DAYS OF BACK PAIN _____ (this episode)

This questionnaire has been designed to give you therapist information as to how your back pain has affected your ability to manage in every day life. Please answer every question by placing a mark on the line that best describes your condition today. We realize that two of the statements may describe your condition, but **please mark only the line which most closely describes your current condition**.

Pain Intensity
____The pain comes and goes and is very mild.
____The pain is mild and does not vary much.
____The pain comes and goes and is moderate.
____The pain is moderate and does not vary much.
____The pain comes and goes and is severe.
____The pain is severe and does not vary much.

Personal Care (Washing, Dressing, etc.)
____I would not have to change my way of washing or dressing in order to avoid pain.
____I do not normally change my way of washing or dressing even though it causes some pain.
____Washing and dressing increase the pain but I manage not to change my way of doing it.
____Washing and dressing increase the pain and I find it necessary to change my way of doing it.
____Because of the pain I am unable to do some washing and dressing without help.
____Because of the pain I am unable to do any washing and dressing without help.

Lifting
____I can lift heavy weights without extra pain.
____I can lift heavy weights but it gives extra pain.
____Pain prevents me lifting heavy weights off of the floor.
____Pain prevents me lifting heavy weights off of the floor, but I can manage if they are conveniently positioned, e.g.: on a table.
____Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
____I can only lift very light weights at most.

Walking
____I have no pain on walking.
____I have some pain on walking but it does not increase with distance.
____I cannot walk more than 1 mile without increasing pain.
____I cannot walk more than ½ mile without increasing pain.
____I cannot walk more than ¼ mile without increasing pain.
____I cannot walk at all without increasing pain.

Sitting
____I can sit in any chair as long as I like.
____I can sit only in my favorite chair as long as I like.
____Pain prevents me from sitting more than 1 hour.
____Pain prevents me from sitting more than 1/2 hour.
____Pain prevents me from sitting more than 10 minutes.
____I avoid sitting because it increases pain immediately.

Standing
____I can stand as long as I want without pain.
____I have some pain on standing but it does not increase with time.
____I cannot stand for longer than 1 hour without increasing pain.
____ I cannot stand for longer than ½ hour without increasing pain.
____ I cannot stand for longer than 10 minutes without increasing pain.
____I avoid standing because it increases the pain immediately.

Sleeping
____I get no pain in bed.
____I get pain in bed, but it does not prevent me from sleeping well.
____Because of pain my normal night's sleep is reduced by less than one-quarter.
____Because of pain my normal night's sleep is reduced by less than one-half.
____Because of pain my normal night's sleep is reduced by less than three-quarters.
____Pain prevents me from sleeping at all.

Social Life
____My social life is normal and gives me no pain.
____My social life is normal but it increases the degree of pain.
____Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g.: dancing, etc.
____Pain has restricted my social life and I do not go out very often.
____Pain has restricted my social life to my home.
____I have hardly any social life because of my pain.

Traveling
____I get no pain when traveling.
____I get some pain when traveling, but none of my usual forms of travel make it any worse.
____I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
____I get extra pain while traveling which compels me to seek alternative forms of travel.
____Pain restricts me to short necessary journeys under ½ hour.
____Pain restricts all forms of travel.

Changing Degree of Pain
____My pain is rapidly getting better.
____My pain fluctuates but is definitely getting better.
____My pain seems to be getting better but improvement is slow.
____My pain is neither getting better or worse.
____My pain is gradually worsening.
____My pain is rapidly worsening.

On the scales below, please circle the number which best represents your pain levels:

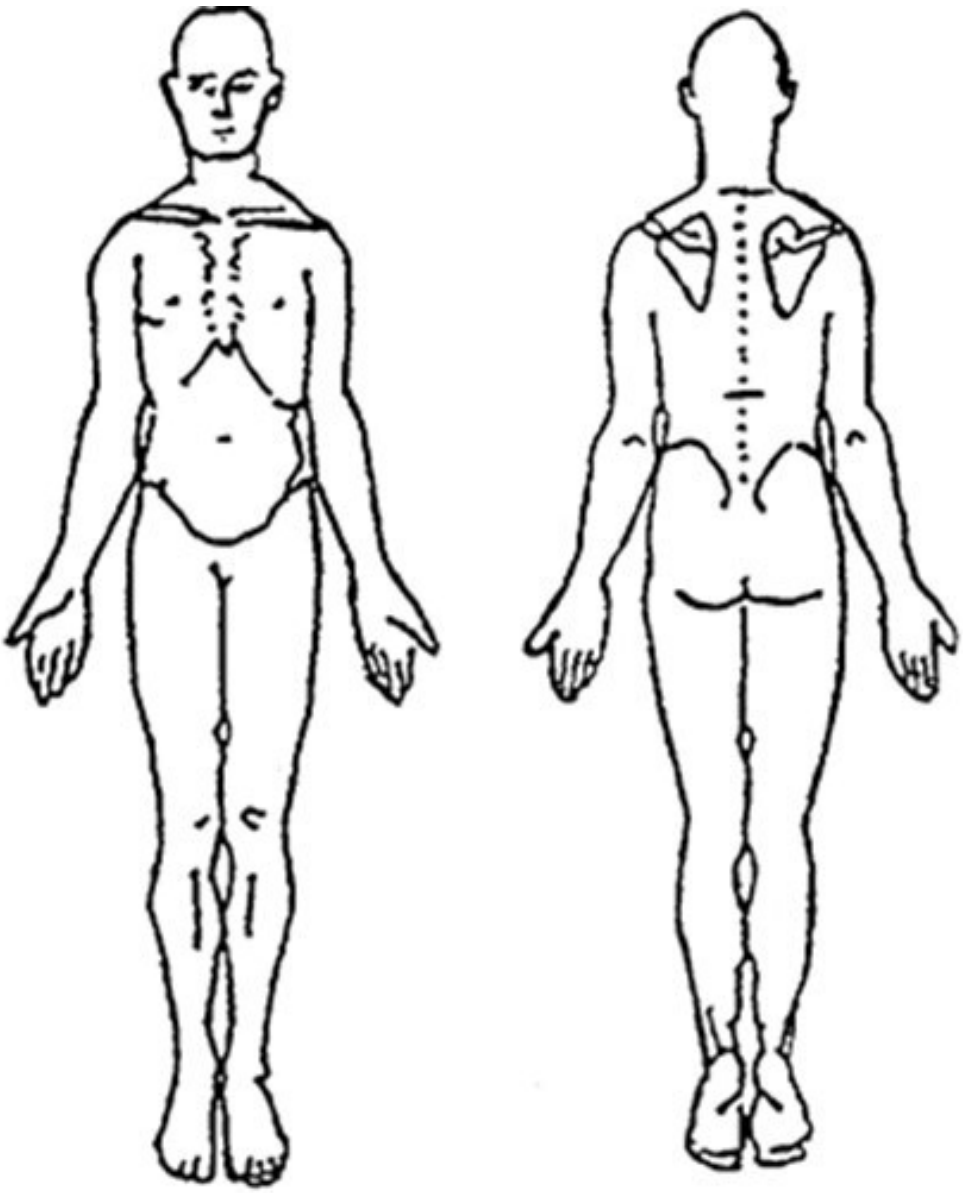
At Worst:

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

Current:

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

At Best:

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

Please mark your present symptoms on the body chart below.