

Modified Oswestry Low Back pain Disability Questionnaire

Name _____

DOB _____

Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. Please answer every section. **MARK ONE BOX** in each section that most closely describes you **TODAY**.

<p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"><input type="checkbox"/> I have no pain at the moment.<input type="checkbox"/> The pain is very mild at the moment.<input type="checkbox"/> The pain is moderate at the moment.<input type="checkbox"/> The pain is fairly severe at the moment.<input type="checkbox"/> The pain is very severe at the moment.<input type="checkbox"/> The pain is the worst imaginable at the moment.	<p>Section 6 – Standing</p> <ul style="list-style-type: none"><input type="checkbox"/> I can stand as long as I want without extra pain.<input type="checkbox"/> I can stand as long as I want but it gives me extra pain.<input type="checkbox"/> Pain prevents me from standing for more than 1 hour<input type="checkbox"/> Pain prevents me from standing for more than ½ hour.<input type="checkbox"/> Pain prevents me from standing for more than 10 minutes.<input type="checkbox"/> Pain prevents me from standing at all.
<p>Section 2 – Personal Care (washing, dressing, etc.)</p> <ul style="list-style-type: none"><input type="checkbox"/> I can look after myself without causing extra pain.<input type="checkbox"/> I can look after myself normally but it is very painful.<input type="checkbox"/> It is painful to look after myself and I am slow and careful.<input type="checkbox"/> I need some help but manage most of my personal care.<input type="checkbox"/> I need help everyday in most aspects of self-care.<input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.	<p>Section 7 - Sleeping</p> <ul style="list-style-type: none"><input type="checkbox"/> My sleep is never disturbed by pain.<input type="checkbox"/> My sleep is occasionally disturbed by pain.<input type="checkbox"/> Because of pain I have less than 6 hours of sleep.<input type="checkbox"/> Because of pain I have less than 4 hours of sleep.<input type="checkbox"/> Because of pain I have less than 2 hours of sleep.<input type="checkbox"/> Pain prevents me from sleeping at all.
<p>Section 3 – Lifting</p> <ul style="list-style-type: none"><input type="checkbox"/> I can lift heavy weights without extra pain.<input type="checkbox"/> I can lift heavy weights but it gives extra pain.<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.<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"/> I can lift only very light weights.<input type="checkbox"/> I cannot lift or carry anything at all.	<p>Section 8 – Employment/Homemaking</p> <ul style="list-style-type: none"><input type="checkbox"/> My normal homemaking/job activities do not cause pain.<input type="checkbox"/> My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.<input type="checkbox"/> I can perform most of my homemaking/job activities, but pain prevents me from performing more physically stressful activities (i.e. lifting, vacuuming).<input type="checkbox"/> Pain prevents me from doing anything but light duties.<input type="checkbox"/> Pain prevents me from doing even light duties.<input type="checkbox"/> Pain prevents me from performing any job or homemaking chores.
<p>Section 4 – Walking</p> <ul style="list-style-type: none"><input type="checkbox"/> Pain does not prevent me from walking any distance.<input type="checkbox"/> Pain prevents me walking more than 1 mile.<input type="checkbox"/> Pain prevents me walking more than ½ mile.<input type="checkbox"/> Pain prevents me walking more than 100 yards.<input type="checkbox"/> I can walk only with a stick or crutches.<input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.	<p>Section 9 – Social Life</p> <ul style="list-style-type: none"><input type="checkbox"/> My social life is normal and gives me no extra pain.<input type="checkbox"/> My social is normal but increases the degree of pain.<input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sports, etc.<input type="checkbox"/> Pain has restricted my social life and I do not go out as often.<input type="checkbox"/> Pain has restricted my social life to my home.<input type="checkbox"/> I have no social life because of pain.
<p>Section 5 – Sitting</p> <ul style="list-style-type: none"><input type="checkbox"/> I can sit in any chair as long as I like.<input type="checkbox"/> I can sit in my favorite chair as long as I like.<input type="checkbox"/> Pain prevents me from sitting for more than 1 hour.<input type="checkbox"/> Pain prevents me from sitting for more than ½ hour.<input type="checkbox"/> Pain prevents me from sitting more than 10 minutes.<input type="checkbox"/> Pain prevents me from sitting at all.	<p>Section 10 – Traveling</p> <ul style="list-style-type: none"><input type="checkbox"/> I can travel anywhere without pain.<input type="checkbox"/> I can travel anywhere but it gives extra pain.<input type="checkbox"/> Pain is bad but I manage journey over two hours.<input type="checkbox"/> Pain restricts me to journeys of less than one hour.<input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes.<input type="checkbox"/> Pain prevents me from traveling except to receive treatment.