

## Oswestry Low Back Pain Disability Questionnaire

**INSTRUCTIONS:** This questionnaire has been designed to give the therapist information as to how your back pain has affected your ability to function in everyday life. Please answer every section, and mark only the ONE box that applies to you. There may be more than one statement that relates to you, but choose the one that most closely describes you.

SECTION	STATEMENT	POINTS
Pain Intensity	I can tolerate the pain I have without having to use pain killers.	0
	The pain is bad but I manage without taking pain killers.	1
	Pain killers give complete relief from pain.	2
	Pain killers give moderate relief from pain.	3
	Pain killers give very little relief from pain.	4
	Pain killers have no effect on the pain and I do not use them.	5
Personal Care (washing, dressing, etc.)	I can look after myself normally without causing extra pain.	0
	I can look after myself normally but it causes extra pain.	1
	It is painful to look after myself and I am slow and careful.	2
	I need some help but manage most of my personal care.	3
	I need help every day in most aspects of self care.	4
	I do not get dressed, I wash with difficulty, and stay in bed.	5
Lifting	I can lift heavy weights without extra pain.	0
	I can lift heavy weights but it gives me extra pain.	1
	Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (on a table for example).	2
	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.	3
	I can lift only very light weights. I cannot lift or carry anything at all.	4 5

SECTION	STATEMENT	POINTS
Walking	Pain does not prevent me from walking any distance. Pain prevents me walking more than 1 mile. Pain prevents me walking more than 0.5 miles. Pain prevents me walking more than 0.25 miles. I can only walk using a stick or crutches. I am in bed most of the time and have to crawl to the toilet.	0 1 2 3 4 5
Sitting	I can sit in any chair as long as I like. I can only sit 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 0.5 hours. Pain prevents me from sitting more than 10 minutes. Pain prevents me from sitting at all.	0 1 2 3 4 5
Standing	I can stand as long as I want without extra pain. I can stand as long as I want but it gives me extra pain. Pain prevents me from standing for more than 1 hour. Pain prevents me from standing more than 30 minutes. Pain prevents me from standing more than 10 minutes. Pain prevents me from standing at all.	0 1 2 3 4 5
Sleeping	Pain does not prevent me from sleeping well. I can sleep well only by using tablets. Even when I take tablets I have less than 6 hours sleep. Even when I take tablets I have less than 4 hours sleep. Even when I take tablets I have less than 2 hours sleep. Pain prevents me from sleeping at all.	0 1 2 3 4 5
Sex Life	My sex life is normal and causes no extra pain. My sex life is normal but causes some extra pain. My sex life is nearly normal but is very painful. My sex life is severely restricted by pain. My sex life is nearly absent because of pain. Pain prevents any sex life at all.	0 1 2 3 4 5

