

Name: _____

Date: _____

Modified Oswestry Low Back Pain Disability Questionnaire

Please answer every question and mark only the ONE box which best applies to you at this moment.

Section 1 - Pain Intensity

- | | |
|---|---|
| <input type="checkbox"/> I can tolerate the pain I have without having to use pain medication | <input type="checkbox"/> Pain medication provides me with moderate relief from pain |
| <input type="checkbox"/> The pain is bad, but I can manage without having to take pain medication | <input type="checkbox"/> Pain medication provides me with little relief from pain |
| <input type="checkbox"/> Pain medication provides me with complete relief from pain | <input type="checkbox"/> Pain medication has no effect on my pain |

Section 2 - Personal Care (Washing, Dressing, etc.)

- | | |
|--|--|
| <input type="checkbox"/> I can take care of myself normally without causing increased pain | <input type="checkbox"/> I need help, but I am able to manage most of my personal care |
| <input type="checkbox"/> I can take care of myself normally, but it increases my pain | <input type="checkbox"/> I need help every day in most aspects of my care |
| <input type="checkbox"/> It is painful to take care of myself, and I am slow and careful | <input type="checkbox"/> I do not get dressed, I wash with difficulty, and I stay in bed |

Section 3 - Lifting

- | | |
|--|--|
| <input type="checkbox"/> I can lift heavy weights without increased pain | <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 heavy weights, but it causes increased pain | <input type="checkbox"/> I can lift only very light weights |
| <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage if the weights are conveniently positioned (e.g., on a table) | <input type="checkbox"/> I cannot lift or carry anything at all |

Section 4 - Walking

- | | |
|---|---|
| <input type="checkbox"/> Pain does not prevent me from walking any distance | <input type="checkbox"/> Pain prevents me from walking more than ¼ mile |
| <input type="checkbox"/> Pain prevents me from walking more than 1 mile | <input type="checkbox"/> I can walk only with crutches or a cane |
| <input type="checkbox"/> Pain prevents me from walking more than ½ mile | <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet |

Section 5 - Sitting

- | | |
|--|---|
| <input type="checkbox"/> I can sit in any chair as long as I like | <input type="checkbox"/> Pain prevents me from sitting more than 1/2 hour |
| <input type="checkbox"/> I can sit only in my favorite chair as long as I like | <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes |
| <input type="checkbox"/> Pain prevents me from sitting more than an hour | <input type="checkbox"/> Pain prevents me from sitting at all |

Section 6 - Standing

- | | |
|--|--|
| <input type="checkbox"/> I can stand as long as I want without increased pain | <input type="checkbox"/> Pain prevents me from standing for more than ½ hour |
| <input type="checkbox"/> I can stand as long as I want, but it increases my pain | <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes |
| <input type="checkbox"/> Pain prevents me from standing for more than ½ hour | <input type="checkbox"/> Pain prevents me from standing at all |

Section 7 - Sleeping

- | | |
|---|---|
| <input type="checkbox"/> Pain does not prevent me from sleeping | <input type="checkbox"/> Even when I take medication, I sleep less than 4 hours |
| <input type="checkbox"/> I can sleep well only by using pain medication | <input type="checkbox"/> Even when I take medication, I sleep less than 2 hours |
| <input type="checkbox"/> Even when I take medication, I sleep less than 6 hours | <input type="checkbox"/> Pain prevents me from sleeping at all |

Section 8 - Social Life

- | | |
|---|---|
| <input type="checkbox"/> My social life is normal and does not increase my pain | <input type="checkbox"/> Pain prevents me from going out very often |
| <input type="checkbox"/> My social life is normal, but it increases my level of pain | <input type="checkbox"/> Pain has restricted my social life to my home. |
| <input type="checkbox"/> Pain prevents me from participating in more energetic activities | <input type="checkbox"/> I have hardly any social life because of the pain. |

Section 9 - Traveling

- | | |
|--|--|
| <input type="checkbox"/> I can travel anywhere without increased pain | <input type="checkbox"/> My pain restricts my travel over 1 hour |
| <input type="checkbox"/> I can travel anywhere, but it increases my pain | <input type="checkbox"/> My pain restricts my travel to short necessary trips under ½ hour |
| <input type="checkbox"/> My pain restricts my travel over 2 hours | <input type="checkbox"/> My pain prevents all travel except for medical visits |

Section 10 - Employment / Homemaking

- | | |
|---|--|
| <input type="checkbox"/> My normal homemaking / job activities do not cause pain | <input type="checkbox"/> Pain prevents me from doing anything but light duties |
| <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"/> Pain prevents me from doing even light duties |
| <input type="checkbox"/> I can perform most of my homemaking / job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming) | <input type="checkbox"/> Pain prevents me from performing any job or homemaking chores |