

## Low Back Pain Disability Index (Revised Oswestry)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 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.

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| <p><b>SECTION 1—PAIN INTENSITY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The pain comes and goes &amp; is very mild</li> <li><input type="checkbox"/> The pain is mild &amp; does not vary much</li> <li><input type="checkbox"/> The pain comes and goes &amp; is moderate</li> <li><input type="checkbox"/> The pain is moderate and does not vary much</li> <li><input type="checkbox"/> The pain comes and goes and is very severe</li> <li><input type="checkbox"/> The pain is severe and does not vary much</li> </ul> <p><b>SECTION 2—PERSONAL CARE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain</li> <li><input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain</li> <li><input type="checkbox"/> Washing &amp; dressing increase the pain but I manage not to change my way of doing it</li> <li><input type="checkbox"/> Washing &amp; dressing increase the pain &amp; I find it necessary to change my way of doing it</li> <li><input type="checkbox"/> Because of the pain I am unable to do some washing &amp; dressing without help</li> <li><input type="checkbox"/> Because of the pain I am unable to do any washing &amp; dressing without help</li> </ul> <p><b>SECTION 3—LIFTING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can lift heavy weights without extra pain</li> <li><input type="checkbox"/> I can lift heavy weights but it causes extra pain</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, I can manage if they are conveniently positioned ie: on a table</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned</li> <li><input type="checkbox"/> I can lift very light weights</li> <li><input type="checkbox"/> I cannot lift or carry anything at all</li> </ul> <p><b>SECTION 4—WALKING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no pain when I walk</li> <li><input type="checkbox"/> I have some pain on walking but it doesn't increase with distance</li> <li><input type="checkbox"/> I cannot walk more than one mile without increasing pain</li> <li><input type="checkbox"/> I cannot walk more than ½ mile without increasing pain</li> <li><input type="checkbox"/> I cannot walk more than ¼ mile without increasing pain</li> <li><input type="checkbox"/> I cannot walk at all without increasing pain</li> </ul> <p><b>SECTION 5—SITTING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can sit in any chair as long as I like</li> <li><input type="checkbox"/> I can only sit in my favourite chair as long as I like</li> <li><input type="checkbox"/> Pain prevents me from sitting more than one hour</li> <li><input type="checkbox"/> Pain prevents me from sitting more than ½ hour</li> <li><input type="checkbox"/> Pain prevents me from sitting more than 10 minutes</li> <li><input type="checkbox"/> I avoid sitting because it increases pain straight away</li> </ul> | <p><b>SECTION 6—STANDING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can stand as long as I want without pain</li> <li><input type="checkbox"/> I have some pain on standing but it does not increase with time</li> <li><input type="checkbox"/> I cannot stand for longer than one hour without increasing pain</li> <li><input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain</li> <li><input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain</li> <li><input type="checkbox"/> I avoid standing because it increases the pain straight away</li> </ul> <p><b>SECTION 7—SLEEPING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no trouble sleeping</li> <li><input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr. sleepless)</li> <li><input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs. sleepless)</li> <li><input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs. sleepless)</li> <li><input type="checkbox"/> My sleep is greatly disturbed (3-4 hrs. sleepless)</li> <li><input type="checkbox"/> My sleep is completely disturbed (5-7 hrs. sleepless)</li> </ul> <p><b>SECTION 8—SOCIAL LIFE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My social life is normal &amp; gives me no pain</li> <li><input type="checkbox"/> My social life is normal but increases the degree of pain</li> <li><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. dancing</li> <li><input type="checkbox"/> Pain has restricted my social life &amp; I don't go out very often</li> <li><input type="checkbox"/> Pain has restricted my social life to my home</li> <li><input type="checkbox"/> I have hardly any social life because of the pain</li> </ul> <p><b>SECTION 9—TRAVELLING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I get no pain while travelling</li> <li><input type="checkbox"/> I get some pain while travelling, but none of my usual forms of travel make it worse</li> <li><input type="checkbox"/> I get extra pain while travelling, but it doesn't compel me to seek alternative forms of travel</li> <li><input type="checkbox"/> I get extra pain while traveling which compels me to seek alternative forms of travel</li> <li><input type="checkbox"/> Pain restricts all forms of travel</li> <li><input type="checkbox"/> Pain prevents all forms of travel except that done lying down</li> </ul> <p><b>SECTION 10—CHANGING DEGREE OF PAIN</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My pain is rapidly getting better</li> <li><input type="checkbox"/> My pain fluctuates but overall is definitely getting better</li> <li><input type="checkbox"/> My pain seems to be getting better but improvement is slow at present</li> <li><input type="checkbox"/> My pain is neither getting better nor worse</li> <li><input type="checkbox"/> My pain is gradually worsening</li> <li><input type="checkbox"/> My pain is rapidly worsening</li> </ul> |
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Pain Severity Scale: Rate the severity of your pain by circling one box of the following scale.

No Pain

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Excruciating Pain