**Revised Oswestry Low Back Pain Disability Questionnaire**

N. Hudson, K. Tome-Nicholson, A. Breen; 1989 rev. 09/11/92

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

**Please mark the *ONE* choice from *EACH GROUP* that best describes you.**

**PAIN INTENSITY:**

A. The pain comes and goes and is very mild.

B. The pain is mild and does not vary much.

C. The pain comes and goes and is moderate.

D. The pain is moderate and does not vary much.

E. The pain comes and goes and is severe.

F. The pain is severe and does not vary much.

**PERSONAL CARE:**

A. I would not have to change my way of washing or dressing in order to avoid pain.

B. I do not normally change my way of washing or dressing even though it causes some pain.

C. Washing and dressing increases the pain, but I manage not to change my way of doing it.

D. Washing and dressing increases the pain, and I find it necessary to change my way of doing it.

E. Because of the pain, I am unable to do some washing and dressing without help.

F. Because of the pain, I am unable to do any washing or dressing without help.

**LIFTING:**

A. I can lift heavy objects without extra pain.

B. I can lift heavy objects, but it causes extra pain.

C. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently

positioned (ex: on a table).

D. Pain prevents me from lifting heavy objects, but I can manage light to medium weights if they area

conveniently positioned.

E. I can only lift very light weights.

F. I cannot lift or carry anything at all.

**WALKING:**

A. Pain does not prevent me from walking any distance.

B. Pain prevents me from walking more than 1 mile.

C. Pain prevents me from walking more than ½ mile.

D. Pain prevents me from walking more than ¼ mile.

E. I can only walk while using a cane or on crutches.

F. I am in bed most of time and have to crawl to the toilet.

**SITTING:**

A. I can sit in any chair as long as I like without pain.

B. I can only sit in my favorite chair as long as I like.

C. Pain prevents me from sitting more than 1 hour.

D. Pain prevents me from sitting more than a ½ hour.

E. Pain prevents me from sitting more than 10 minutes.

F. Pain prevents me from sitting at all.

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**(continued)**

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**STANDING:**

A. I can stand as long as I want without pain.

B. I have some pain while standing, but it does not increase with time.

C. I cannot stand for longer than 1 hour without increasing pain.

D. I cannot stand longer than 1/2 hour without increasing pain.

E. I cannot stand longer than 10 minutes without increasing pain.

F. I avoid standing because it increases the pain right away.

**SLEEPING:**

A. I get no pain in bed.

B. I get pain in bed, but it does not prevent me from sleeping well.

C. Because of my pain, my sleep time is reduced less than 1/4.

D. Because of my pain, my sleep time is reduced by less than 1/2.

E. Because of my pain, my sleep time is reduced by less than 3/4.

F. Pain prevents me from sleeping at all.

**SOCIAL LIFE:**

A. My social life is normal and gives me no pain.

B. My social is normal, but increases my degree of pain.

C. Pain has no significant effect on my social life apart from limiting more energetic interests

(i.e. dancing, sports).

D. Pain has restricted my social life and I do not go out very often.

E. Pain has restricted my social life to my home.

F. I have hardly any social life because of the pain.

**TRAVELING:**

A. I get no pain while traveling.

B. I get some pain while traveling, but none of my usual forms of travel make it worse.

C. I get extra pain while traveling, but does not compel me to seek alternative forms of travel.

D. I get extra pain while traveling, which compels me to seek alternative forms of travel.

E. Pain restricts all forms of travel.

F. Pain prevents all forms of travel except that done lying down.

**CHANGING DEGREE OF PAIN:**

A. My pain is rapidly getting better.

B. My pain fluctuates, but overall is getting better.

C. My pain seems to be getting better, but improvement is slow at present.

D. My pain is neither getting better or worse.

E. My pain is gradually worsening.

F. My pain is rapidly worsening.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**