

MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE¹

Section 1: To be completed by patient

Name: _____

Age: _____

Date: _____

Occupation: _____

Number of days of back pain: _____ (this episode)

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in every day life. Please answer every question by placing a mark on the line that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but **please mark only the line which most closely describes your current condition.**

Pain Intensity

- _____ The pain is mild and comes and goes.
- _____ The pain is mild and does not vary much.
- _____ The pain is moderate and comes and goes.
- _____ The pain is moderate and does not vary much.
- _____ The pain is severe and comes and goes.
- _____ The pain is severe and does not vary much.

Personal Care (Washing, Dressing, etc.)

- _____ I do not have to change the way I wash and dress myself to avoid pain.
- _____ I do not normally change the way I wash or dress myself even though it causes some pain.
- _____ Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- _____ Washing and dressing increases my pain, and I find it necessary to change the way I do it.
- _____ Because of my pain I am partially unable to wash and dress without help.
- _____ Because of my pain I am completely unable to wash or dress without help.

Lifting

- _____ I can lift heavy weights without increased pain.
- _____ I can lift heavy weights but it causes increased pain
- _____ Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
- _____ Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- _____ I can lift only very light weights.
- _____ I can not lift or carry anything at all.

Walking

- _____ I have no pain when walking.
- _____ I have pain when walking, but I can still walk my required normal distances.
- _____ Pain prevents me from walking long distances.
- _____ Pain prevents me from walking intermediate distances.
- _____ Pain prevents me from walking even short distances.
- _____ Pain prevents me from walking at all.

Sitting

- _____ Sitting does not cause me any pain.
- _____ I can only sit as long as I like providing that I have my choice of seating surfaces.
- _____ Pain prevents me from sitting for more than 1 hour.
- _____ Pain prevents me from sitting for more than 1/2 hour.
- _____ Pain prevents me from sitting for more than 10 minutes.
- _____ Pain prevents me from sitting at all.

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Section 2 (con't): To be completed by patient

Standing

- _____ I can stand as long as I want without increased pain.
- _____ I can stand as long as I want but my pain increases with time.
- _____ Pain prevents me from standing more than 1 hour.
- _____ Pain prevents me from standing more than 1/2 hour.
- _____ Pain prevents me from standing more than 10 minutes.
- _____ I avoid standing because it increases my pain right away.

Sleeping

- _____ I get no pain when I am in bed.
- _____ I get pain in bed, but it does not prevent me from sleeping well.
- _____ Because of my pain, my sleep is only 3/4 of my normal amount.
- _____ Because of my pain, my sleep is only 1/2 of my normal amount.
- _____ Because of my pain, my sleep is only 1/4 of my normal amount.
- _____ Pain prevents me from sleeping at all.

Social Life

- _____ My social life is normal and does not increase my pain.
- _____ My social life is normal, but it increases my level of pain.
- _____ Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.)
- _____ Pain prevents me from going out very often.
- _____ Pain has restricted my social life to my home.
- _____ I have hardly any social life because of my pain.

Traveling

- _____ I get no increased pain when traveling.
- _____ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- _____ I get increased pain while traveling, but it does not cause me to seek alternative forms of travel.
- _____ I get increased pain while traveling which causes me to seek alternative forms of travel.
- _____ My pain restricts all forms of travel except that which is done while I am lying down.
- _____ My pain restricts all forms of travel.

Employment/Homemaking

- _____ My normal job/homemaking activities do not cause pain.
- _____ My normal job/homemaking activities increase my pain, but I can still perform all that is required of me.
- _____ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming)
- _____ Pain prevents me from doing anything but light duties.
- _____ Pain prevents me from doing even light duties.
- _____ Pain prevents me from performing any job or homemaking chores.

Section 3: To be completed by physical therapist/provider

SCORE: Initial _____% Subsequent _____% Subsequent _____% Discharge _____%
Date _____ Date _____ Date _____

Number of treatment sessions: _____

Diagnosis/ICD-9 Code: _____