LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

Patient's Name	Number	Date	
This questionnaire has been designed to give the doctor information everyday life. Please answer every section and mark in each sec	as to how your back pain ha tion only ONE box which ap	s affected your ability to manage in opplies to you. We realize you may	
consider that two of the statements in any one section relate to you,	but please just mark the bo	x which MOST OLOSELY	
describes your problem.	out product just man and 20	a union moor occur	
Section 1 - Pain Intensity	Section 6 – Standir		
☐ I can tolerate the pain without having to use painkillers.	☐ I can stand as long as I want without extra pain.		
☐ The pain is bad but I can manage without taking painkillers.	☐ I can stand as long as I want but it gives extra pain.		
☐ Painkillers give complete relief from pain.	☐ Pain prevents me from standing more than 1 hour.		
☐ Painkillers give moderate relief from pain.	□ Pain prevents me fre	om standing more than I nour.	
□ Painkillers give very little relief from pain.	□ Pain prevents me fro	om standing more than 30 minutes. om standing more than 10 minutes.	
☐ Painkillers have no effect on the pain and I do not use them.	☐ Pain prevents me fro		
Section 2 Personal Care (Washing, Dressing, etc.)	Section 7 Sleenin		
☐ I can look after myself normally without causing extra pain.	Section 7 Sleepin	nt me from sleeping well.	
☐ I can look after myself normally but it causes extra pain.	☐ I can sleep well only	by using tablets	
☐ It is painful to look after myself and I am slow and careful.	□ Fven when I take tak	olets I have less than 6 hours sleep.	
☐ I need some help but manage most of my personal care.	☐ Even when I take tak	olets I have less than 4 hours sleep.	
☐ I need help every day in most aspects of self care.	☐ Even when I take tak	plets I have less than 2 hours sleep.	
☐ I do not get dressed, I wash with difficulty and stay in bed.	☐ Pain prevents me fro		
Section 3 – Lifting	Section 8 – Social L	ife	
☐ I can lift heavy weights without extra pain.		nal and gives me no extra pain.	
☐ I can lift heavy weights but it gives extra pain.	☐ My social life is norm	nal but increases the degree of pain.	
☐ Pain prevents me from lifting heavy weights off the floor, but	☐ Pain has no significa	int effect on my social life apart from	
I can manage if they are conveniently positioned, for	limiting my more energ	etic interests, e.g. dancing.	
example on a table.	☐ Pain has restricted n	ny social life and I do not go out as	
☐ Pain prevents me from lifting heavy weights, but I can	often.		
manage light to medium weights if they are conveniently	□ Pain has restricted n	ny social life to my home.	
positioned.	☐ I have no social life b		
□ I can lift very light weights.			
□ I cannot lift or carry anything at all.	Section 9 – Traveling		
Cooking 4 Mollein	I can travel anywhere		
Section 4 – Walking		e but it gives me extra pain.	
☐ Pain does not prevent me from walking any distance.	□ Pain is bad but I man	nage journeys over 2 hours.	
☐ Pain prevents me from walking more than one mile.	□ Pain is bad but I man	nage journeys less than 1 hour.	
☐ Pain prevents me from walking more than one-half mile.	□ Pain restricts me to s	☐ Pain restricts me to short necessary journeys under 30	
☐ Pain prevents me from walking more than one-quarter mile	minutes.		
□ I can only walk using a stick or crutches.□ I am in bed most of the time and have to crawl to the toilet.	☐ Pain prevents me from traveling except to the doctor or		
I all in bed most of the time and have to crawl to the tollet.	hospital.		
Section 5 Sitting	Section 10 - Chang	ing Degree of Pain	
☐ I can sit in any chair as long as I like	☐ My pain is rapidly ge		
☐ I can only sit in my favorite chair as long as I like	My pain fluctuates be	ut overall is definitely getting better.	
☐ Pain prevents me from sitting more than one hour.	My pain seems to be	getting better but improvement is slow	
☐ Pain prevents me from sitting more than 30 minutes.	at the present.		
☐ Pain prevents me from sitting more than 10 minutes.	 My pain is neither ge 		
☐ Pain prevents me from sitting almost all the time.	☐ My pain is gradually		
	☐ My pain is rapidly wo	prsening.	
	Comments		
Scoring: Questions are scored on a vertical scale of 0-5. Total scores	<u>-</u>		
and multiply by 2. Divide by number of sections answered multiplied by			
 A score of 22% or more is considered significant activities of daily living disability. 	Reference: Fairbank Phy	siotherapy 1981; 66(8): 271-3, Hudson-Cook	
(Score x 2) / (Sections x 10) = %ADL		Back Pain New Approaches To Rehabilitation	

& Education. Manchester Univ Press, Manchester 1989: 187-204