

OSWESTRY DISABILITY QUESTIONNAIRE

Name _____ Date _____ File # _____

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in every day life. Please answer by checking **one box in each section** for the statement that best applies to you. We realize you may consider that two or more statements in any one section apply, but please just shade the spot that indicates the statement *that most clearly describes your problem*.

Section 1: Pain Intensity

- A. I have no pain at the moment
- B. The pain is very mild at the moment
- C. The pain is moderate at the moment
- D. The pain is fairly severe at the moment
- E. The pain is very severe at the moment
- F. The pain is the worst imaginable at the moment

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

- A. I can look after myself normally without causing extra pain
- B. I can look after myself normally but it causes extra pain
- C. It is painful to look after myself and I am slow and careful
- D. I need some help but can manage most of my personal care
- E. I need help every day in most aspects of self care
- F. I do not get dressed, wash with difficulty and stay in bed

Section 3: Lifting

- A. I can lift heavy weights without extra pain
- B. I can lift heavy weights but it gives me extra pain
- C. Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed, e.g., on a table
- D. Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- E. I can only lift very light weights
- F. I cannot lift or carry anything

Section 4: Walking

- A. Pain does not prevent me walking any distance
- B. Pain prevents me from walking more than 2 kilometers
- C. Pain prevents me from walking more than 1 kilometer
- D. Pain prevents me from walking more than 500 meters
- E. I can only walk using a stick or crutches
- F. I am in bed most of the time

Section 5: Sitting

- A. I can sit in any chair as long as I like
- B. I can only sit in my favorite chair as long as I like
- C. Pain prevents me sitting more than one hour
- D. Pain prevents me from sitting more than 30 minutes
- E. Pain prevents me from sitting more than 10 minutes
- F. Pain prevents me from sitting at all

Section 6: Standing

- A. I can stand as long as I want without extra pain
- B. I can stand as long as I want but it gives me extra pain
- C. Pain prevents me from standing for more than 1 hour
- D. Pain prevents me from standing for more than 30 minutes
- E. Pain prevents me from standing for more than 10 minutes
- F. Pain prevents me from standing at all

Section 7: Sleeping

- A. My sleep is never disturbed by pain
- B. My sleep is occasionally disturbed by pain
- C. Because of pain I have less than 6 hours sleep
- D. Because of pain I have less than 4 hours sleep
- E. Because of pain I have less than 2 hours sleep
- F. Pain prevents me from sleeping at all

Section 8: Social Life

- A. My social life is normal and gives me no extra pain
- B. My social life is normal but increases the degree of pain
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., sport
- D. Pain has restricted my social life and I do not go out as often
- E. Pain has restricted my social life to my home
- F. I have no social life because of pain

Section 9: Traveling

- A. I can travel anywhere without pain
- B. I can travel anywhere but it gives me extra pain
- C. Pain is bad but I manage journeys more than 2 hours
- D. Pain restricts me to journeys of less than 1 hour
- E. Pain restricts me to short necessary journeys less than 30 minutes
- F. Pain prevents me from traveling except to receive treatment

Section 10: Employment/Homemaking

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

Signature: _____

Date: _____

Patient Name Print: _____

VAS Score: _____/100