

# Modified Oswestry Low Back Disability Questionnaire



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

<p><b>Section 1 – Pain Intensity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can tolerate the pain I have without having to use pain medication.</li> <li><input type="checkbox"/> The pain is bad, but I can manage without having to take pain medication.</li> <li><input type="checkbox"/> Pain medication provides me with complete relief from pain.</li> <li><input type="checkbox"/> Pain medication provides me with little relief from pain</li> <li><input type="checkbox"/> Pain medication provides me with little relief from my pain</li> <li><input type="checkbox"/> Pain medication has no effect on my pain.</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 increased pain.</li> <li><input type="checkbox"/> I can stand as long as I want but it increases my pain.</li> <li><input type="checkbox"/> Pain prevents me from standing for more than 1 hour.</li> <li><input type="checkbox"/> Pain prevents me from standing for more than ½ an hour.</li> <li><input type="checkbox"/> Pain prevents me from standing for more than 10 minutes.</li> <li><input type="checkbox"/> Pain prevents me from standing at all.</li> </ul>
<p><b>Section 2 – Personal Care (IE: Washing, Dressing)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can take care of myself normally without causing increased pain.</li> <li><input type="checkbox"/> I can take care of myself normally, but it increases my pain.</li> <li><input type="checkbox"/> It is painful to take care of myself, and I am slow and careful.</li> <li><input type="checkbox"/> I need help, but I am able to manage most of my personal care.</li> <li><input type="checkbox"/> I need help every day in most aspects of my care.</li> <li><input type="checkbox"/> I do not get dressed, I wash with difficulty, and stay in bed.</li> </ul>	<p><b>Section 7 – Sleeping</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My sleep is never disturbed by pain.</li> <li><input type="checkbox"/> I can sleep well only using pain medication.</li> <li><input type="checkbox"/> Even when I take medication, I sleep less than 6 hours.</li> <li><input type="checkbox"/> Even when I take medication, I sleep less than 4 hours.</li> <li><input type="checkbox"/> Even when I take medication, I sleep less than 2 hours.</li> <li><input type="checkbox"/> Pain prevents me from sleeping at all.</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 increased pain.</li> <li><input type="checkbox"/> I can lift heavy weights, but it causes increased pain.</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights 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 only very light weights.</li> <li><input type="checkbox"/> I cannot lift or carry anything at all.</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 and does not increase my pain.</li> <li><input type="checkbox"/> My social life is normal, but it increases my level of pain.</li> <li><input type="checkbox"/> Pain prevents me from participating in more energetic activities (IE sports, dancing)</li> <li><input type="checkbox"/> Pain prevents me from going 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 my pain.</li> </ul>
<p><b>Section 4 – Walking</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain does not prevent me from walking any distance</li> <li><input type="checkbox"/> Pain prevents me from walking more than a mile.</li> <li><input type="checkbox"/> Pain prevents me from walking more than ½ mile.</li> <li><input type="checkbox"/> Pain prevents me from walking more than ¼ mile.</li> <li><input type="checkbox"/> I can walk only with crutches or a cane.</li> <li><input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.</li> </ul>	<p><b>Section 9 – Traveling</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can travel anywhere without increased pain.</li> <li><input type="checkbox"/> I can travel anywhere, but it increases my pain.</li> <li><input type="checkbox"/> My pain restricts my travel over 2 hours.</li> <li><input type="checkbox"/> My pain restricts my travel over 1 hour.</li> <li><input type="checkbox"/> My Pain restricts my travel to short necessary journeys under ½ hour.</li> <li><input type="checkbox"/> My pain prevents all travel except for visits to the physician/therapist or hospital.</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 sit in my favorite chair for as long as I like.</li> <li><input type="checkbox"/> Pain prevents me from sitting for more than 1 hour.</li> <li><input type="checkbox"/> Pain prevents me from sitting for more than ½ hour.</li> <li><input type="checkbox"/> Pain prevents me from sitting form more than 10 minutes.</li> <li><input type="checkbox"/> Pain prevents me from sitting at all.</li> </ul>	<p><b>Section 10 – Employment/Homemaking</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My normal homemaking/job activities do not cause pain.</li> <li><input type="checkbox"/> My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.</li> <li><input type="checkbox"/> I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (IE lifting, vacuuming)</li> <li><input type="checkbox"/> Pain prevents me from doing anything buy light duties</li> <li><input type="checkbox"/> Pain prevents me from doing even light duties</li> <li><input type="checkbox"/> Pain prevents me from performing any job or homemaking chores</li> </ul>

**Score:** \_\_\_\_\_ out of 50. \_\_\_\_\_% dysfunction

References: Fritz & Irrgang (2001) A Comparison of a Modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale, Physical Therapy, pg 81: 776-788