

Oswestry Back Disability Questionnaire

Patient Name: _____ Date of Birth: _____ Today's Date: _____

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

Section 1: Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment
- 2 The pain is moderate at the moment
- 3 The pain is fairly severe at the moment
- 4 The pain is very severe at the moment
- 5 The pain is the worst imaginable at the moment

Section 2: Personal Care (washing, dressing, etc.)

- 0 I can look after myself normally without causing extra pain
- 1 I can look after myself but it causes extra pain
- 2 It is painful to look after myself if I am slow and careful
- 3 I need some help but can manage most of my personal care
- 4 I need help every day in most aspects of self-care
- 5 I do not get dressed, wash with difficulty and stay in bed

Section 3: Lifting

- 0 I can lift heavy weights without extra pain
- 1 I can lift heavy weights but it gives me extra pain
- 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently placed
- 3 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently placed
- 4 I can only lift very light weights
- 5 I cannot lift or carry anything

Section 4: Walking

- 0 Pain does not prevent me from walking any distance
- 1 Pain prevents me from walking more than 2 miles
- 2 Pain prevents me from walking more than 1 mile
- 3 Pain prevents me from walking more than ½ mile
- 4 I can only walk using a stick or crutches
- 5 I can barely walk or not at all

Section 5: Sitting

- 0 I can sit in any chair for as long as I like
- 1 I can only sit in my favorite chair for as long as I like
- 2 Pain prevents me from sitting for more than 1 hour
- 3 Pain prevents me from sitting for more than 30 minutes
- 4 Pain prevents me from sitting for more than 10 minutes
- 5 I cannot sit at all due to pain

Section 6: Standing

- 0 I can stand as long as I want to without extra pain
- 1 I can stand as long as I want to but it gives me extra pain
- 2 Pain prevents me from standing for more than 1 hour
- 3 Pain prevents me from standing for more than 30 minutes
- 4 Pain prevents me from standing for more than 10 minutes
- 5 I cannot stand at all due to pain

Section 7: Sleeping

- 0 My sleep is never disturbed by pain
- 1 My sleep is occasionally disturbed by pain
- 2 Because of pain I have less than 6 hours of sleep
- 3 Because of pain I have less than 4 hours of sleep
- 4 Because of pain I have less than 2 hours of sleep
- 5 I can't sleep at all because of the pain

Section 8: Sex Life (if applicable)

- 0 My sex life is normal and causes no extra pain
- 1 My sex life is normal but causes some extra pain
- 2 My sex life is nearly normal but is very painful
- 3 My sex life is severely restricted by pain
- 4 My sex life is nearly absent because of pain
- 5 Pain prevents any sex life at all

Section 9: Social Life

- 0 My social life is normal and gives me no extra pain
- 1 My social life is normal but increases my pain
- 2 Pain limits only my more energetic interests, e.g. sport
- 3 Pain has restricted my social life and I do not go out as often
- 4 Pain has restricted my social life to my home
- 5 I have no social life because of pain

Section 10: Traveling

- 0 I can travel anywhere without pain
- 1 I can travel anywhere but it gives me extra pain
- 2 Pain is bad but I manage trips longer than 2 hours
- 3 Pain restricts me to trips of less than one hour
- 4 Pain restricts me to trips of less than 30 minutes
- 5 Pain prevents me from traveling except to receive treatment

Score: _____%