

Name _____ Date _____

Modified Oswestry Low Back Pain Disability Questionnaire

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in **one** box that best describes your condition today. We realize you may feel that 2 of the statements may describe your condition, **but please mark only the box that most closely describes your current condition.**

Pain Intensity

- 0 – I can tolerate the pain I have without having to use pain medications
- 1 – The pain is bad, but I can manage without pain medications
- 2 – Pain medication provides me with complete relief from pain
- 3 – Pain medication provides me with moderate relief from pain
- 4 – Pain medication provides me with little relief from pain
- 5 – Pain medication has no effect on my pain

Lifting

- 0 – I can lift heavy weights without increased pain
- 1 – I can lift heavy weights, but it causes pain
- 2 – Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned
- 3 – Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- 4 – I can lift only very light weights
- 5 – I cannot lift or carry anything at all

Sitting

- 0 – I can sit in any chair as long as I like
- 1 – I can only sit in my favorite chair 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 ½ hour
- 4 – Pain prevents me from sitting for more than 10 minutes
- 5 – Pain prevents me from sitting at all

Sleeping

- 0 – Pain does not prevent me from sleeping well
- 1 – I can sleep well only with pain medication
- 2 – Even when I take medication I sleep less than 6 hours
- 3 – Even when I take medication I sleep less than 4 hours
- 4 – Even when I take medication, I sleep less than 2 hours
- 5 – Pain prevents me from sleeping at all

Traveling

- 0 – I can travel anywhere without increased pain
- 1 – I can travel anywhere but it increases pain
- 2 – My pain restricts my travel over 2 hours
- 3 – My pain restricts my travel over 1 hour
- 4 – My pain restricts my travel to under ½ hour
- 5 – My pain prevents any travel, except for physician/therapist visits

Personal Care

- 0 – I can take care of myself normally without pain
- 1 – I can take care of myself but it increases pain
- 2 – It is painful to take care of myself, I am careful
- 3 – I need some help, but I am able to manage
- 4 – I need help everyday in most aspects of my care
- 5 – I do not get dressed, I wash with difficulty & stay in bed

Walking

- 0 – Pain does not prevent me from walking
- 1 – Pain prevents me from walking more than 1 mile
- 2 – Pain prevents me from walking ½ mile or more
- 3 – Pain prevents me from walking ¼ mile or more
- 4 – I can walk only with crutches or cane
- 5 – I am in bed most of the time

Standing

- 0 – Can stand as long as I want without pain
- 1 – Can stand as long as I want but pain increases
- 2 – Pain prevents me from standing for 1 hour
- 3 – Pain prevents me from standing for ½ hour
- 4 – Pain prevents me from standing for 10 minutes
- 5 – Pain prevents me from standing at all

Social Life

- 0 – Social life is normal & does not increase pain
- 1 – Social life is normal but increases pain
- 2 – Pain prevents me from participation in activities
- 3 – Pain prevents me from going out often
- 4 – Pain has restricted my social life to my home
- 5 – I have hardly any social life because of pain

Employment/Homemaking

- 0 – Normal home/job activities are not painful
- 1 – Normal home/job activities increase my pain but I can still perform tasks
- 2 – I can perform most of my home/job duties, but pain prevents me from performing more physically stressful activities
- 3 – Pain prevents me from doing any light duties
- 4 – Pain prevents me from doing even light duties.
- 5 – Pain prevents me from doing anything