

Oswestry Low Back Pain Disability Questionnaire

Patient Identification Label

<p>PLEASE READ: This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in every day life. Please answer every question by placing a mark in the <u>one</u> box that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but <u>please mark only the box which most closely describes your current condition.</u></p>	<p>DATE: _____ SCORE: _____</p>
<p>SECTION 1 - Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can tolerate the pain I have without having to use pain medication. <input type="checkbox"/> The pain is bad, but I can manage without having to take pain medication. <input type="checkbox"/> Pain medication provides me with complete relief from pain. <input type="checkbox"/> Pain medication provides me with moderate relief from pain. <input type="checkbox"/> Pain medication provides me with little relief from pain. <input type="checkbox"/> Pain medication has no effect on my pain. 	<p>SECTION 6 – Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without increased pain. <input type="checkbox"/> I can stand as long as I want but my pain increases with time. <input type="checkbox"/> Pain prevents me from standing for more than 1 hour. <input type="checkbox"/> Pain prevents me from standing for more than ½ hour. <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes. <input type="checkbox"/> Pain prevents me from standing at all.
<p>SECTION 2 –Personal Care (Washing, Dressing, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can take care of myself normally without causing increased pain. <input type="checkbox"/> I can take care of myself normally, but it increases my pain. <input type="checkbox"/> It is painful to take care of myself, and I am slow and careful. <input type="checkbox"/> I need help, but I am able to manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of my care. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed 	<p>SECTION 7 - Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from sleeping well <input type="checkbox"/> I can sleep well only by using pain medication. <input type="checkbox"/> Even when I take pain medication, I sleep less than 6 hours. <input type="checkbox"/> Even when I take pain medication, I sleep less than 4 hours. <input type="checkbox"/> Even when I take pain medication, I sleep less than 2 hours. <input type="checkbox"/> Pain prevents me from sleeping at all
<p>SECTION 3 - Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without increased pain. <input type="checkbox"/> I can lift heavy weights, but it causes increased pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.). <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift only very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>SECTION 8 - Social Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and does not increase my pain. <input type="checkbox"/> My social life is normal but it increases my level of pain. <input type="checkbox"/> Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.) <input type="checkbox"/> Pain prevents me from going out very often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of my pain.
<p>SECTION 4 - Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from walking any distance. <input type="checkbox"/> Pain prevents me from walking more than 1 mile. <input type="checkbox"/> Pain prevents me from walking more than ½ mile <input type="checkbox"/> Pain prevents me from walking more than ¼ mile. <input type="checkbox"/> I can only walk with crutches or a cane. <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet. 	<p>SECTION 9 – Traveling</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without increased pain <input type="checkbox"/> I can travel anywhere, but it increases my pain. <input type="checkbox"/> My pain restricts my travel over 2 hours. <input type="checkbox"/> My pain restricts my travel over 1 hour. <input type="checkbox"/> My pain restricts my travel to short necessary journeys under ½ hour <input type="checkbox"/> My pain restricts all forms of travel, except for visits to the physician/therapist or hospital
<p>SECTION 5 – Sitting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me sitting for more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting more than ½ hour. <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all. 	<p>SECTION 10 – Employment/Homemaking</p> <ul style="list-style-type: none"> <input type="checkbox"/> My normal homemaking/job activities do not cause pain. <input type="checkbox"/> My normal homemaking/job activities increase my pain, but I can still perform all that is required of me. <input type="checkbox"/> I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming, etc.) <input type="checkbox"/> Pain prevents me from doing anything but light duties. <input type="checkbox"/> Pain prevents me from doing even light duties. <input type="checkbox"/> Pain prevents me from performing any job or homemaking chores.

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SCORING TECHNIQUE FOR THE OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE AND NECK DISABILITY INDEX

1. Each of the 10 sections is scored separately (0 to 5 points each) and then added up (max. total = 50).

EXAMPLE:

Section 1. Pain Intensity

Point Value

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

2. If all 10 sections are completed, simply double the patients score.

3. If a section is omitted, divide the patient's total score by the number of sections completed times 5.

FORMULA:
$$\frac{\text{PATIENT'S SCORE}}{\# \text{ OF SECTIONS COMPLETED} \times 5} \times 100 = \text{ \% DISABILITY}$$

EXAMPLE:

If 9 of 10 sections are completed, divide the patient's score by 9 X 5 = 45; if.....

Patient's Score: 22
 Number of sections completed: 9 (9 X 5 = 45)
 $22/45 \times 100 = 48 \%$ disability

4. Interpretation of disability scores (from original article):

SCORE	INTERPRETATION OF THE OSWESTRY LBP DISABILITY QUESTIONNAIRE
0-20% Minimal Disability	Can cope w/ most ADL's. Usually no treatment needed, apart from advice on lifting, sitting, posture, physical fitness and diet. In this group, some patients have particular difficulty with sitting and this may be important if their occupation is sedentary (typist, driver, etc.)
20-40% Moderate Disability	This group experiences more pain and problems with sitting, lifting and standing. Travel and social life are more difficult and they may well be off work. Personal care, sexual activity and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
40-60% Severe Disability	Pain remains the main problem in this group of patients by travel, personal care, social life, sexual activity and sleep are also affected. These patients require detailed investigation.
60-80% Crippled	Back pain impinges on all aspects of these patients' lives both at home and at work. <i>Positive intervention is required.</i>
80-100%	These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during the medical examination.

Reference: Fairbanks CT, Couper C, Davies JB, O'Brien JP. The Oswestry low back pain disability questionnaire. *Physio Ther* 1980;66:271-273.