

THE OSWESTRY DISABILITY INDEX FOR BACK PAIN

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday life activities. Please answer every section and mark in each session the one box that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box that **most closely** describes your present day situation.

Section 1. Pain Intensity:

- A. My pain is mild to moderate. I do not need pain killers
- B. The pain is bad, but I manage without taking pain killers
- C. Pain killers give complete relief from pain
- D. Pain killers give moderate relief from pain
- E. Pain killers give very little relief from pain
- F. Pain killers have no effect on the pain

Section 2. Personal Care:

- 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 manage most of my personal care
- E. I need help every day in most aspects of self-care
- F. I do not get dressed, I wash with difficulty and stay in bed

Section 3. Lifting:

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

Section 4. Walking:

- A. I can walk as far as I wish
- B. Pain prevents me from walking more than 1 mile
- C. Pain prevents me from walking more than ½ mile
- D. Pain prevents me from walking more than ¼ mile
- E. I can walk only if I use a cane or crutches
- F. I am in bed or in a chair for most of every day

Section 5. Sitting:

- A. I can sit in any chair for as long as I like
- B. I can sit in my favorite chair only, but for as long as I like
- C. Pain prevents me from sitting for more than 1 hour
- D. Pain prevents me from sitting more than ½ hour
- E. Pain prevents me from sitting for 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 more than ½ hour
- E. Pain prevents me from standing more than 10 minutes
- F. Pain prevents me from standing at all

Section 7. Sleeping:

- A. Pain does not prevent me from sleeping well
- B. I sleep well, but only when taking medicine
- C. Even when I take medication, I sleep less than 6 hours
- D. Even when I take medication, I sleep less than 4 hours
- E. Even when I take medication, I sleep less than 2 hours
- F. Pain prevents me from sleeping at all

Section 8. Social Life:

- A. My social life is normal and causes me no extra pain
- B. My social life is normal, but increases the degree of pain
- C. Pain affects my social life by limiting only my more energetic interests such as dancing, sports, etc.
- 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. Sexual Activity:

- A. My sexual activity is normal and causes no extra pain
- B. My sexual activity is normal, but causes some extra pain
- C. My sexual activity is nearly normal, but it's very painful
- D. My sexual activity is severely restricted by pain
- E. My sexual activity is nearly absent because of pain
- F. Pain prevents any sexual activity at all

Section 10. Traveling:

- A. I can travel anywhere without extra pain
- B. I can travel anywhere, but it gives me extra pain
- C. Pain is bad, but I manage journeys over 2 hours
- D. Pain restricts me to journeys of less than 1 hour
- E. Pain restricts me to necessary journeys under ½ hour
- F. Pain prevent traveling except to the doctor/ hospital

Patient Name: _____

Date: _____ Score: _____/_____