

# THE OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

NAME \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

**Please read carefully:** This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

## **SECTION 1 - Pain Intensity**

- A. I can tolerate the pain I have without having to use 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 and I do not use them.

## **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, wash with difficulty, and stay in bed.

## **SECTION 3 - Lifting**

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it gives 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 only lift very light weights.
- F. I cannot lift or carry anything at all.

## **SECTION 4 - Walking**

- A. Pain does not prevent me walking any distance.
- B. Pain prevents me walking more than 1 mile.
- C. Pain prevents me walking more than 0.5 miles.
- D. Pain prevents me walking more than 0.25 miles.
- E. I can only walk using a stick or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

## **SECTION 5 - Sitting** ("Favorite Chair" includes a recliner.)

- A. I can sit in any chair as long as I like.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than 1 hour.
- D. Pain prevents me from sitting more than 0.5 hours.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

## **SECTION 6 - Standing** (Standing is NOT walking.)

- 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 for more than 30 minutes.
- E. Pain prevents me from standing for 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 can sleep well only by using tablets.
- C. Even when I take tablets, I have less than 6 hours sleep.
- D. Even when I take tablets, I have less than 4 hours sleep.
- E. Even when I take tablets, I have less than 2 hours of sleep.
- F. Pain prevents me from sleeping at all.

## **SECTION 8 - Sex Life** (by pain = for fear of causing pain)

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

## **SECTION 9 - Social Life**

- A. My social life is normal and gives me no extra pain.
- B. My social life is normal, but increases the degree of pain.
- C. Pain has no significant effect on my social life apart from limiting energetic interests such as dancing.
- 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-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 short necessary journeys under 30 minutes.
- F. Pain prevents me from traveling except to the doctor or hospital.

OTHER COMMENTS: \_\_\_\_\_

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Patient #: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

# NECK DISABILITY INDEX

NAME \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

**Please read carefully:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

## SECTION 1 - Pain Intensity

- A. I have no pain at the moment.
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

## SECTION 2 – Personal Care (Washing, Dressing etc.)

- A. I can look after myself 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, wash with difficulty and stay in bed.

## SECTION 3 - Lifting

- A. I can lift heavy weights without 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 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 only very light weights
- F. I cannot lift or carry anything at all.

## SECTION 4 - Reading

- A. I can read as much as I want with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all because of neck pain.

## SECTION 5 - Headaches

- A. I have no headaches at all.
- B. I have slight headaches that come infrequently.
- C. I have moderate headaches that come infrequently.
- D. I have moderate headaches that come frequently.
- E. I have severe headaches that come frequently.
- F. I have headaches almost all the time.

## SECTION 6 - Concentration

- A. I can concentrate fully when I want to with no difficulty.

- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

## SECTION 7 - Work

- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work..
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

## SECTION 8 - Driving

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

## SECTION 9 - Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

## SECTION 10 - Recreation

- A. I am able to engage in all my recreational activities with no pain in my neck at all.
- B. I am able to engage in all recreational activities with some pain in my neck.
- C. I am able to engage in most, but not all, recreational activities because of pain in my neck.
- D. I am able to engage in only a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

OTHER COMMENTS: \_\_\_\_\_

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Patient Signature: \_\_\_\_\_