

MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Please answer every question by placing a mark in **ONE** box in each section 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.

NAME: _____ DATE: _____

PAIN INTENSITY

- | | |
|---|---|
| 0 | I can tolerate the pain I have without having to use pain medication. |
| 1 | The pain is bad, but I can manage without having to take pain medication. |
| 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. |

PERSONAL CARE (e.g., Washing, Dressing)

- | | |
|---|--|
| 0 | I can take care of myself normally without causing increased pain. |
| 1 | I can take care of myself normally, but it increases my pain. |
| 2 | It is painful to take care of myself, and I am slow and careful. |
| 3 | I need help, but I am able to manage most of my personal care. |
| 4 | I need help every day in most aspects of my care. |
| 5 | I do not get dressed, I wash with difficulty, and I stay in bed. |

LIFTING

- | | |
|---|--|
| 0 | I can lift heavy weights without increased pain. |
| 1 | I can lift heavy weights, but it causes increased pain. |
| 2 | Pain prevents me from lifting heavy weights off of 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. |

WALKING

- | | |
|---|---|
| 0 | Pain does not prevent me from walking any distance. |
| 1 | Pain prevents me from walking more than 1 mile |
| 2 | Pain prevents me from walking more than 1/2 mile. |
| 3 | Pain prevents me from walking more than 1/4 mile. |
| 4 | I can walk only with crutches or a cane. |
| 5 | I am in bed most of the time and have to crawl to the toilet. |

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 1/2 hour. |
| 4 | Pain prevents me from sitting for more than 10 minutes. |
| 5 | Pain prevents me from sitting at all. |

STANDING

- | | |
|---|--|
| 0 | I can stand as long as I want without increased pain. |
| 1 | I can stand as long as I want, but it increases my pain. |
| 2 | Pain prevents me from standing for more than 1 hour. |
| 3 | Pain prevents me from standing for more than 1/2 hour. |
| 4 | Pain prevents me from standing for more than 10 minutes. |
| 5 | Pain prevents me from standing at all. |

SLEEPING

- | | |
|---|---|
| 0 | Pain does not prevent me from sleeping well. |
| 1 | I can sleep well only by using 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. |

SOCIAL LIFE

- | | |
|---|---|
| 0 | My social life is normal and does not increase my pain. |
| 1 | My social life is normal, but it increases my level of pain. |
| 2 | Pain prevents me from participation in more energetic activities (e.g., sports, dancing) |
| 3 | Pain prevents me from going out very often. |
| 4 | Pain has restricted my social life to my home. |
| 5 | I have hardly any social life because of my pain. |

TRAVELING

- | | |
|---|---|
| 0 | I can travel anywhere without increased pain. |
| 1 | I can travel anywhere, but it increases my 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 short necessary journeys under 1/2 hour. |
| 5 | My pain prevents all travel except for visits to the physician/therapist or hospital. |

EMPLOYMENT/HOMEMAKING

- | | |
|---|---|
| 0 | My normal homemaking/job activities do not cause pain. |
| 1 | My normal homemaking/job activities increase my pain, but I can still perform all that is required of me. |
| 2 | I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressfull activities (e.g., lifting, vacuuming) |
| 3 | Pain prevents me from doing anything but light duties. |
| 4 | Pain prevents me from doing even light duties. |
| 5 | Pain prevents me from performing any job or homemaking chores. |

<p>(Point Total/50x100=%) ODI = _____</p>

Source: Fritz JM, Irrgang JJ. A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. Physical Therapy. 2001;81:776-788

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