

# Revised Oswestry Chronic Low Back Pain Disability Questionnaire

Name (Please Print): \_\_\_\_\_ (Office Use) ACCT#: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you had low back pain? \_\_\_ years \_\_\_ months \_\_\_ weeks

Is this your first episode of low back pain? \_\_\_yes \_\_\_no

Use the letters below to indicate the type and location of your sensations right now:

**A** = Ache

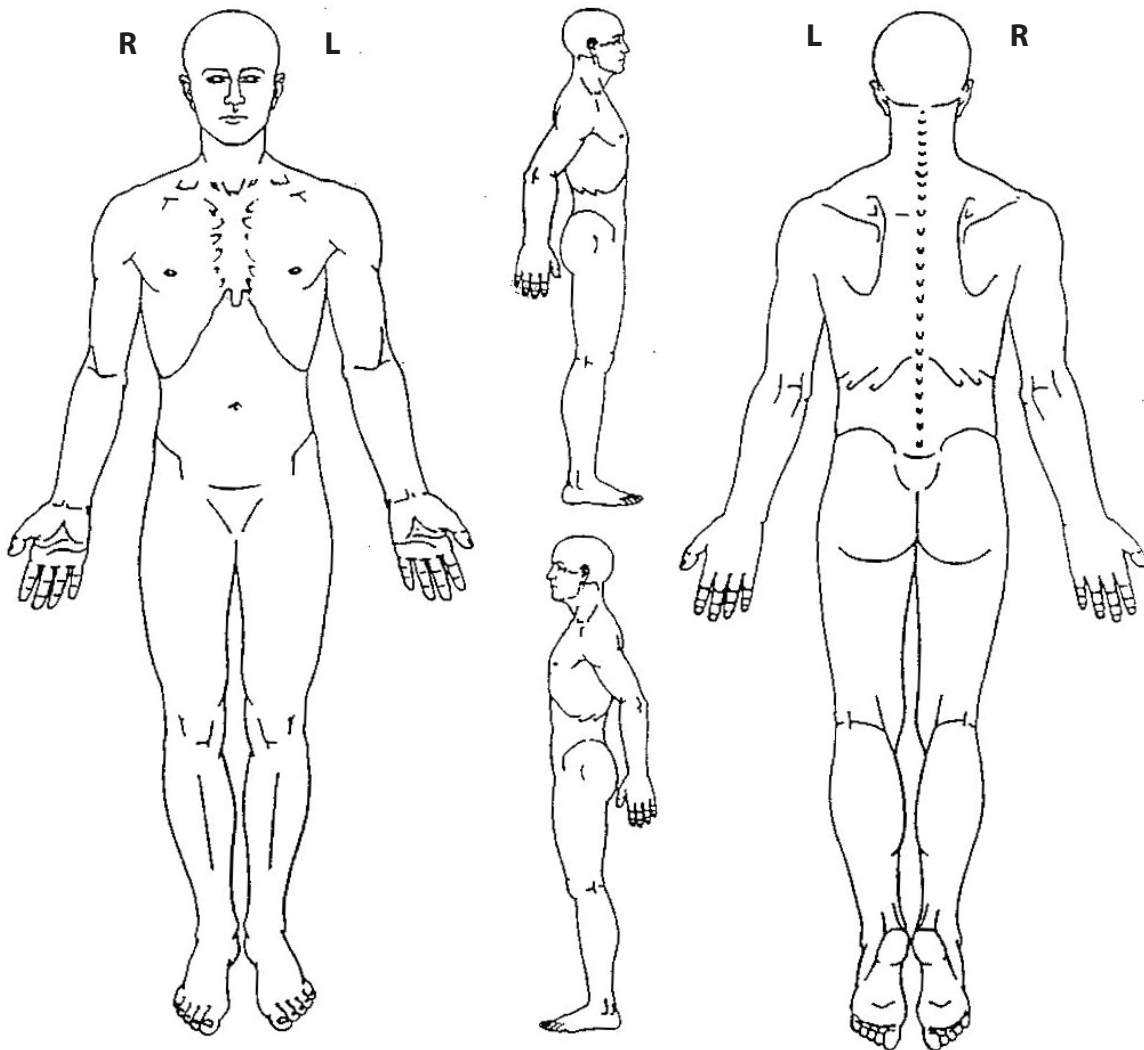
**B** = Burning

**N** = Numbness

**P** = Pins and needles

**S** = Stabbing

**O** = Other



**During the past week:**

None 
➔
 Unbearable

a. Circle the average intensity of your symptoms: 0 1 2 3 4 5 6 7 8 9 10

b. How much has pain interfered with your normal work (Including both work outside the home and housework)?

Circle one: 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely

**REVISED OSWESTRY CHRONIC LOW BACK PAIN QUESTIONNAIRE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is designed to enable us to understand how much your low back has affected your ability to manage everyday activities. **Please answer each section by selecting 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 select the one choice which closely describes your problem right now.

**SECTION 1—Pain Intensity**

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- 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**

- A. I would not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increase the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increase the pain and it is necessary to change my way of doing it.
- E. Because of the pain, I am unable to do any washing and dressing without help.
- F. Because of the pain, I am unable to do any washing or dressing without help.

**SECTION 3—Lifting**

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
- E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F. I can only lift very light weights, at the most.

**SECTION 4—Walking**

- A. Pain does not prevent me from walking any distance.
- B. I have some pain with walking but it does not increase with distance.
- C. Pain prevents me from walking more than one mile.
- D. Pain prevents me from walking more than 1/2 mile.
- E. I can only walk while using a cane or on crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

**SECTION 5—Sitting**

- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than 1/2 hour.
- E. Pain prevents me from sitting more than ten minutes.
- F. Pain prevents me from sitting at all.

**SECTION 6—Standing**

- A. I can stand as long as I want without pain.
- B. I have some pain while standing, but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than 1/2 hour without increasing pain.
- E. I can't stand for more than 10 minutes without increasing pain.
- F. I avoid standing because it increases pain right away.

**SECTION 7—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 8—Social Life**

- A. My social life is normal and gives me no pain.
- B. My social life is normal, but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D. Pain has restricted my social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. Pain prevents me from social life at all.

**SECTION 9—Traveling**

- A. I get no pain while traveling.
- B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel.
- F. Pain prevents all forms of travel except that done lying down.

**SECTION 10—Changing Degree of Pain**

- A. My pain is rapidly getting better.
- B. My pain fluctuates, but overall is definitely getting better.
- C. My pain seems to be getting better, but improvement is slow at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_