**Oswestry Back Disability Index**

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday life activities. Please check the box for the one statement in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that most closely describes your present-day situation. Thank you.

NAME (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_SCORE:\_\_\_\_\_\_\_\_\_\_\_\_

What is your pain RIGHT NOW? (Mark with an X) What is your pain at its worse? (Mark with an O)

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0 1 2 3 4 5 6 7 8 9 10

(no pain) (Worse Possible Pain)

***Please check one box in each section***

**Section 1: Pain Intensity**

🞎 0 I have no pain at the moment.

🞎 1 The pain is very mild at the moment.

🞎 2 The pain is moderate at the moment.

🞎 3 The pain is fairly severe at the moment.

🞎 4 The pain is very severe at the moment.

🞎 5 The pain is the worst imaginable at the moment.

**Section 2: Personal Care (Washing, Dressing, etc.)**

🞎 0 I can look after myself normally without causing

extra pain.

🞎 1 I can look after myself normally but it causes extra pain.

🞎 2 It is painful to look after myself and I am slow and careful.

🞎 3 I need some help but manage most of my personal care.

🞎 4 I need help every day in most aspects of self-care.

🞎 5 I do not get dressed, wash with difficulty and stay in bed.

**Section 3: Lifting**

🞎 0 I can lift heavy weights without extra pain.

🞎 1 I can lift heavy weights but it gives me extra pain.

🞎 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently place.

🞎 3 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently placed.

🞎 4 I can only lift very light weights.

🞎 5 I cannot lift or carry anything.

**Section 4: Walking**

🞎 0 Pain does not prevent me walking any distance.

🞎 1 Pain prevents me from walking more than 1 mile.

🞎 2 Pain prevents me from walking more than ½ mile.

🞎 3 Pain prevents me from walking more than ¼ mile.

🞎 4 I can only walk using a stick or crutches.

🞎 5 I am in bed most of the time.

**Section 5: 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 sitting more than 1 hour.

🞎 3 Pain prevents me from sitting more than 30 mins.

🞎 4 Pain prevents me from sitting more than 10 mins.

🞎 5 Pain prevents me from sitting at all.

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**Section 6: Standing**

🞎 0 I can stand as long as I want without extra pain.

🞎 1 I can stand as long as I want, but it gives me extra pain.

🞎 2 Pain prevents me from standing for more than 1 hour.

🞎 3 Pain prevents me from standing for more than 30 min.

🞎 4 Pain prevents me from standing for more than 10 min.

🞎 5 Pain prevents me from standing at all.

**Section 7: Sleeping**

🞎 0 My sleep is never disturbed by pain.

🞎 1 My sleep is occasionally disturbed by pain.

🞎 2 Because of pain I have less than 6 hours sleep.

🞎 3 Because of pain I have less than 4 hours sleep.

🞎 4 Because of pain I have less than 2 hours sleep.

🞎 5 Pain prevents me from sleeping at all.

**Section 8: Social Life**

🞎 0 My social life is normal and gives me no extra pain.

🞎 1 My social life is normal but increases the degree of pain.

🞎 2 Pain has no significant effect on my social life apart from

Limiting my more energetic interests (e.g. sport).

🞎 3 Pain has restricted my social life and I do not go out as often

🞎 4 Pain has restricted my social life to my home.

🞎 5 I have no social life because of pain.

**Section 9: Traveling**

🞎 0 I can travel anywhere without pain.

🞎 1 I can travel anywhere but it gives me extra pain.

🞎 2 Pain is bad but I manage journeys over 2 hours.

🞎 3 Pain restricts me to journeys of less than 1 hour.

🞎 4 Pain restricts me to short necessary journeys under 30 min.

🞎 5 Pain prevents me from traveling except to receive treatment.

**Section 10: 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 activities, but pain prevents me from performing more physically stressful 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.

Patient Signature