

Back Index

Patient Name _____

Date _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

1. Pain Intensity

- _____ The pain comes and goes and is very mild.
- _____ The pain is mild and does not vary much.
- _____ The pain is moderate and comes and goes.
- _____ The pain is moderate and does not vary much.
- _____ The pain comes and goes and is severe.
- _____ The pain is severe and does not vary much.

2. Personal Care

- _____ I do not have to change my way of washing or dressing in order to avoid pain.
- _____ I do not normally change my way of washing or dressing even though it causes some pain.
- _____ Washing and dressing increases the pain, but I manage not to change my way of doing it.
- _____ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- _____ Because of the pain, I am unable to do some washing and dressing without help.
- _____ Because of the pain, I am unable to do any washing or dressing without help.

3. Sleeping

- _____ I get no pain in bed.
- _____ I get pain in bed, but it does not prevent me from sleeping well.
- _____ Because of pain, my normal sleep is reduced by less than 25%.
- _____ Because of pain, my normal sleep is reduced by less than 50%.
- _____ Because of pain, my normal sleep is reduced by less than 75%.
- _____ Pain prevents me from sleeping at all.

4. Lifting

- _____ I can lift heavy weights without extra pain.
- _____ I can lift heavy weights but it causes extra pain.
- _____ Pain prevents me from lifting heavy weights off the floor.
- _____ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- _____ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- _____ I can only lift very light weights.

5. Sitting

- _____ I can sit in any chair as long as I like without pain.
- _____ I can only sit in my favorite chair as long as I like.
- _____ Pain prevents me sitting more than 1 hour.
- _____ Pain prevents me sitting more than 1/2 hour.
- _____ Pain prevents me sitting more than 10 minutes.
- _____ I avoid sitting because it increases pain immediately.

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6. Traveling

- _____ I get no pain while traveling.
- _____ I get some pain while traveling but none of my usual forms of travel make it any worse.
- _____ I get extra pain while traveling but it does not cause me to seek alternative forms of travel.
- _____ I get extra pain while traveling which causes me to seek alternative forms of travel.
- _____ Pain restricts all forms of travel except that done while lying down.
- _____ Pain prevents all forms of travel.

7. Standing

- _____ I can stand as long as I want without pain.
- _____ I have some pain while standing, but it does not increase with time.
- _____ I cannot stand for longer than 1 hour without increasing pain.
- _____ I cannot stand for longer than 1/2 hour without increasing pain.
- _____ I cannot stand for longer than 10 minutes without increasing pain.
- _____ I avoid standing because it increases pain immediately.

8. Social Life

- _____ My social life is normal and gives me no extra pain.
- _____ My social life is normal, but increases the degree of my pain.
- _____ Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- _____ Pain has restricted my social life and I do not go out very often.
- _____ Pain has restricted my social life to my home.
- _____ I have hardly any social life because of the pain.

9. Walking

- _____ I have no pain while walking.
- _____ I have some pain while walking but it doesn't increase with distance.
- _____ I cannot walk more than 1 mile without increasing pain.
- _____ I cannot walk more than 1/2 mile without increasing pain.
- _____ I cannot walk more than 1/4 mile without increasing pain.
- _____ I cannot walk at all without increasing pain.

10. Changing Degree of Pain

- _____ My pain is rapidly getting better.
- _____ My pain fluctuates, but overall is definitely getting better.
- _____ My pain seems to be getting better, but improvement is slow.
- _____ My pain is neither getting better or worse.
- _____ My pain is gradually worsening.
- _____ My pain is rapidly worsening.

(For office use only) Back Index Score _____

A lower score indicates less disability. Hudson-Cook, N., Tomes-Nicolson, K., & Breen, A. Z (1989) A revised Oswestry disability questionnaire. Back Pain: New Approaches to Rehabilitation and Education. Manchester University Press 187-204.