

Modified Oswestry Mid (Thoracic) & Low Back Pain Disability Questionnaire

Name: _____ D.O.B: _____ Date: _____

Occupation: _____ Number of days of back pain: _____ (this episode)

Section 2: To be completed by patient: This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in every day life. Please answer every question by placing a mark on the line that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but please mark only the line which most closely describes your current condition.

Pain Intensity:

- _____ The pain is mild and comes and goes.
- _____mild and does not vary much.
- _____moderate and comes and goes.
- _____moderate and does not vary much.
- _____severe and comes and goes.
- _____severe and does not vary much.

Sitting:

- _____ Sitting does not cause me any pain.
- _____ I can only sit as long as I like providing that I have my choice of seating surfaces.
- _____ Pain prevents me from sitting for more than 1 hour.
- _____ for more than ½ hour.
- _____for more than 10 minutes.
- _____ Pain prevents me from sitting at all.

Walking:

- _____ I have no pain when walking
- _____ I have pain when walking, but I can still walk my required normal distances.
- _____ Pain prevents me from walking long distances.
- _____walking intermediate distances.
- _____ walking even short distances.
- _____ Pain prevents me from walking at all.

Lifting:

- _____ I can lift heavy weights without increased pain.
- _____ I can lift heavy weights but it causes increased pain.
- _____ Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc)
- _____ 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 lift only very light weights.
- _____ I can not lift or carry anything at all.

Personal Care (Washing, Dressing, etc):

- _____ I do not have to change the way I wash and dress myself to avoid pain.
- _____ I do not normally change the way I wash or dress myself even though it causes some pain.
- _____ Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- _____ Washing and dressing increase my pain, and I find it necessary to change the way I do it.
- _____ Because of my pain I am partially unable to wash and dress without help.
- _____ Because of my pain I am completely unable to wash or dress without help.

OSWESTRY QUESTIONNAIRE, P.2

Standing:

- I can stand as long as I want without increased pain.
- I can stand as long as I want but my pain increases with time.
- Pain prevents me from standing more than 1 hour.
- 1/2 hour.
- 10 minutes.
- I avoid standing because it increases my pain right away.

Social Life:

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.)
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of my pain.

Employment / Homemaking:

- My normal job/homemaking activities do not cause pain.
- My normal job/homemaking activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming).
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

Sleeping:

- I get no pain when I am in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of my pain, my sleep is only 3/4 of my normal amount.
- 1/2 of my normal amount.
- 1/4 of my normal amount.
- Pain prevents me from sleeping at all.

Traveling:

- I get no increased pain when traveling.
- I get some pain while traveling, but none of my usual forms of travel make it worse.
- I get increased pain while traveling, but it does not cause me to seek alternative forms of travel.
- I get increased pain while traveling which causes me to seek alternative forms of travel.
- My pain restricts all forms of travel except that which is done while I am lying down.
- My pain restricts all forms of travel.

To be completed by physical therapist/ provider.

Score: _____% ___Initial ___2 weeks ___10 day PR ___Re-Eval ___D/C

Adapted from Hudson-Cook N, Tomes-Nicholason K, Breen A. A revised Oswestry disability questionnaire. In: Roland M, Jennifer J, eds. Back Pain: New Approaches to Rehabilitation and Education. New York: Manchester University Press; 1989.p. 187-204 [Prepared May 1999]