MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Section 1: To be completed by patient.					
Name:	Age:	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					
mange in every day life. Please answer every question by pla realize you may feel that two of the statements may descr					
describes your current condition.	oc your condition, out pie	ase mark only t	ne line which closely		
*					
Pain Intensity					
The pain is mild and comes and goes. 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 is severe and comes and goes.					
The pain is severe and does not vary much.					
Personal Care (Washing, Dressing, etc.)					
I do not have to change the way I wash and dre	ess myself to avoid pain				
I do not normally change the way I wash or dr		uses some pain.			
	Washing and dressing increases my pain, but I can do it without changing my way of doing it.				
Washing and dressing increases 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				
Lifting					
I can lift heavy weights without increased pair	l.				
I can lift heavy weights but it causes increased					
Pain prevents me from lifting heavy weights o	ff of the floor, but I can man	nage if they are co	nveniently		
positioned (ex. on a table, etc.).					
Pain prevents me from lifting heavy weights o	ff of the floor, but I can man	nage light to medit	ım weights		
if they are conveniently positioned.					
I can lift only very light weightsI can not lift or carry anything at all.					
rean not me of early anything at an.					
Walking					
I have no pain when walking.	1 1 1				
I have pain when walking, but can still walk n		S.			
Pain prevents me from walking long distances Pain prevents me from walking intermediate d					
Pain prevents me from walking even short dis					
Pain prevents me from walking at all.	ances.				
Sitting does not cause me any nain					
Sitting does not cause me any painI can only sit as long as I like providing that I	have my choice of centing of	urfaces			
Pain prevents me from sitting for more than 1		urraces.			
Pain prevents me from sitting for more than ½					
Pain prevents me from sitting for more than 10					
Pain prevents me from sitting at all.					

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Section 2 (con't): To be completed by patient.	
Standing	
Standing I can stand as long as I want without increased pain.	
I can stand as along as I want but my pain increases with time.	
Pain prevents me from standing more than 1 hour.	
Pain prevents me from standing flore than 1/2 hour.	
Pain prevents me from standing for more than 10 minutes.	
I avoid standing because it increases my pain right away.	
I avoid standing because it increases my pain right away.	
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.	
Because of my pain, my sleep is only ½ of my normal amount.	
Because of my pain, my sleep is only 1/4 of my normal amount.	
Pain prevents me from sleeping at all.	
am prevents me nom steeping at am	
Social Life	
My social life is normal and does not increase with 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.	
I get some pain while traveling, but none of my usual forms of travel I get increased pain when traveling, but it does not cause me to seek I get increased pain when traveling, which causes me to seek alternat My pain restricts all forms of travel except that which is done while in the maching My pain restricts all forms of travel. Employment/Homemaking My normal job/homemaking activities do not cause pain. My normal job/homemaking activities increase my pain, but I can stite in the care of the car	alternative forms of travel. I am lying down. Il perform all that is required of me.
Section 3: To be completed by therapist/healthcare provider.	
SCORE: Initial % Subsequent% Subsequent%	Discharge%
DateDate	Date
Number of treatment sessions:	
Diagnosis/ICD-9 Code:	