



Modified Oswestry Low Back Pain Questionnaire

Name: _____ Date: _____ Patient #: _____

Instructions: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by checking only the one which applies to you. We realize that more than one statement may relate to you, but please just place a check by or circle what most closely describes your problem.

1. Pain Scale (please circle: 0 means no pain, 10 is worst imaginable pain)

Average pain level in the past 2 weeks:

0 1 2 3 4 5 6 7 8 9 10

When pain is at its worst:

0 1 2 3 4 5 6 7 8 9 10

2. Personal Care

- I do not have to change my way of washing or dressing to avoid pain.
- I do not normally change my way of washing or dressing even though it causes me pain.
- Washing and dressing increase the pain, but I manage not to change my way of doing it.
- Washing and dressing increase 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 and dressing without help.

3. Lifting (skip if you have not attempted lifting since the onset of your low back pain)

- I can lift heavy weights without extra low back pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, such as on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift light weights at most.

4. Walking

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

5. Sitting

- Sitting does not cause me any pain.
- I can sit as long as I need provided I have my choice of sitting surfaces.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Name: _____ Date: _____ Patient #: _____

6. 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 t hour without increasing pain.
- I cannot stand for longer than 112 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain immediately.

7. Sleeping

- I have no pain while in bed.
- I have pain in bed, but it does not prevent me from sleeping well.
- Because of pain I sleep only 3/4 of normal time.
- Because of pain I sleep only 1/2 of normal time.
- Because of pain I sleep only 1/4 of normal time.
- Pain prevents me from sleeping at all.

8. Social Life

- My social life is normal and gives me no pain.
- My social life in normal, but increases the degree of pain.
- Pain prevents me from participating in more energetic activities, e .g. sports or dancing.
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I hardly have any social life because of pain.

9. 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 some pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling that requires me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

10. Employment / Homemaking

- My normal job / homemaking duties do not cause pain.
- My normal job / homemaking duties cause me extra 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 such as lifting, vacuuming, etc.
- Pain prevents me from doing anything but light duties.
- Pain prevents me from even light duties.
- Pain prevents me from performing any job or homemaking chore.

Reference:

Fairbank, J. C., J. Couper, J.B. Davies, and J. P. O'Brien. The Oswestry low back pain disability questionnaire. *Physiotherapy* 66:271-273, 1980.