

The Revised Oswestry Disability Index (for low back pain/dysfunction)

Name: _____ File # _____ Date: ____ / ____ / ____
mm dd yy

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the **one** box 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 box, which most closely describes your current condition.**

Section 1: Pain Intensity

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

Section 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 some 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.

Section 3: 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 the floor, but I can manage if the weights are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights, if they are conveniently positioned.
- I can only lift very light weights at the most.

Section 4: Walking

- I have no pain when walking.
- I have some pain with walking, but it does not increase with distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I cannot walk at all without increasing pain.

Section 5: Sitting

- I can sit in my chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- I avoid sitting because it increases pain right away.

Section 6: Standing

- I can stand as long as I want without pain.
- I have some pain when standing, but it does not increase with time.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

Section 7: Sleeping

- I have no pain in bed.
- I have pain in bed, but it does not prevent me from sleeping well.
- Because of pain, my sleep is reduced by less than 1/4.
- Because of pain, my sleep is reduced by less than 1/2.
- Because of pain, my sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

Section 8: Social Life

- My social life is normal and causes no pain.
- My social life is normal, but it increases the degree of 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 my pain.

Section 9: Traveling

- I have no pain while traveling.
- I have some pain while traveling, but none of my usual forms of travel make it any worse.
- I have extra pain while traveling, but it does not compel me to seek alternate forms of travel.
- I have extra pain while traveling, which compels me to seek alternate forms of travel.
- Pain restricts all form of travel.
- Pain prevents all form of travel except that done lying down.

Section 10: Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates, but is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.