

REVISED OSWESTRY DISABILITY

Name: _____

Date: _____

File: _____

This questionnaire helps us to understand how much your **back discomfort** has affected your ability to perform everyday activities. Please check one box in each section that most clearly describes your difficulty right now.

<p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> The pain comes and goes and is very mild. <input type="checkbox"/> The pain is mild and does not vary much. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain comes and goes and is severe. <input type="checkbox"/> The pain is severe and does not vary much. 	<p>Section 6 – Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want. <input type="checkbox"/> I can stand as long as I want but my discomfort increases. <input type="checkbox"/> I cannot stand for more than 1 hour because of discomfort. <input type="checkbox"/> I cannot stand for more than 30 minutes because of discomfort. <input type="checkbox"/> I cannot stand for more than 10 minutes because of discomfort. <input type="checkbox"/> I cannot stand at all because of discomfort.
<p>Section 2 – Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself without causing extra pain. <input type="checkbox"/> I can look after myself but it causes extra pain. <input type="checkbox"/> It is painful to look after myself. I am slow/careful. <input type="checkbox"/> I need some help but manage most of my care. <input type="checkbox"/> I need help every day in most aspects of care. <input type="checkbox"/> I am unable to wash or dress myself without help. 	<p>Section 7 – Traveling</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without increased discomfort. <input type="checkbox"/> I can travel anywhere but experience increased discomfort. <input type="checkbox"/> Discomfort is present but I can manage trips over 2 hours. <input type="checkbox"/> Discomfort restricts me to trips less than 1 hour. <input type="checkbox"/> Discomfort restricts me to trips less than 30 minutes. <input type="checkbox"/> Discomfort prevents me from all forms of travel.
<p>Section 3 – Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy objects without extra pain. <input type="checkbox"/> I can lift heavy objects but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy objects off the floor. <input type="checkbox"/> Pain prevents me from lifting objects off the floor, but I can manage if they are conveniently positioned. <input type="checkbox"/> I can only manage medium to light objects if they are conveniently positioned. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>Section 8 – Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).
<p>Section 4 – Sitting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting more than an hour. <input type="checkbox"/> Pain prevents me from sitting more than ½ hour. <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all. 	<p>Section 9 – Social Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and does not cause discomfort. <input type="checkbox"/> My social life is normal but causes increased discomfort. <input type="checkbox"/> Discomfort only affects my more energetic interests. <input type="checkbox"/> Discomfort has restricted my social life; I do not go out often. <input type="checkbox"/> Discomfort has restricted my social life to my home. <input type="checkbox"/> I have no social life because of discomfort.
<p>Section 5 – Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain when I walk. <input type="checkbox"/> I have some pain with walking but it does not increase with distance. <input type="checkbox"/> Pain prevents me from walking more than 1 mile. <input type="checkbox"/> Pain prevents me from walking more than ½ mile. <input type="checkbox"/> Pain prevents me from walking more than ¼ mile. <input type="checkbox"/> I cannot walk at all without increasing pain. 	<p>Section 10 – Changing Degree of Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discomfort is rapidly getting better. <input type="checkbox"/> Discomfort fluctuates but is getting better. <input type="checkbox"/> Discomfort is getting better, but improvement is slow. <input type="checkbox"/> Discomfort is neither getting better nor getting worse. <input type="checkbox"/> Discomfort is gradually worsening. <input type="checkbox"/> Discomfort is rapidly worsening.

Score: _____