

Name _____



Date _____

Oswestry Back Survey

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer each question by marking ONE box that most applies to you. We realize that you may feel more than one may apply, but do please mark the box which most closely describes your problem.

Section 1- Pain intensity

- I can tolerate the pain I have without having to use the painkillers
- The pain is bad but I manage without taking painkillers
- Painkillers give me complete relief from pain
- Painkillers give me moderate relief from pain
- Painkillers give very little relief from pain
- Painkillers have no effect on the pain and I do not use them

Section 2- Personal care (washing, dressing, etc.)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help everyday in most aspects of self-care
- I do not get dressed, wash with difficulty and stay in bed

Section 3- Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. 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 lift only very light weights
- I cannot lift or carry anything at all

Section 4- Walking

- Pain does not prevent my walking any distance
- Pain prevents me walking more than 1 mile
- Pain prevents me walking more than ½ mile
- Pain prevents me from walking more than ¼ mile
- I can only walk using a stick or crutches
- I am in bed most of the time and have to crawl to the toilet

Section 5- Sitting

- I can sit in any chair as long as I like
- I can sit in my favorite chair as long as I like
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than ½ an hour
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6- Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than 1 hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

Section 7- Sleeping

- Pain does not prevent me from sleeping well
- I can sleep well only by using tablets
- Even when I take tablets I have less than 6 hours of sleep
- Even when I take tablets I have less than 4 hours of sleep
- Even when I take tablets I have less than 2 hours of sleep
- Pain prevents me from sleeping at all

Section 8- Sex life

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Section 9- Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but 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 as often
- Pain has restricted social life to my home
- I have no social life because of pain

Section 10- Traveling

- I can travel anywhere without extra pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents travel except to the doctor or hospital

Patient Signature

Date

OFFICE USE ONLY:
DISABILITY INDEX SCORE: _____%