REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

PLEASE READ: 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 circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST

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interests, My dancing, etc.
eted my social life and I do not go out very often.
ted my social life to my home.
ny social life because of the pain.
caveling
hile traveling.
while traveling, but none of my usual forms of travel
orse.
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ns of travel.
while traveling which compels me to seek alternative
ll forms of travel.
ll forms of travel except that done lying down.
Changing Degree of Pain
idly getting better.
ates, but overall is definitely getting better.
to be getting better, but improvement is slow at prese
ther getting better nor worse.
dually worsening.
dly worsening.

SCORING TECHNIQUE FOR THE OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE AND NECK DISABILITY INDEX

1. Each of the 10 sections is scored separately (0 to 5 points each) and then added up (max total = 50)

EXAMPLE

Section 1. Pain Intensity	POINT VALUE
A I have no pain at the moment	0
B The pain is very mild at the moment	1
C The pain is moderate at the moment	2
D The pain is fairly severe at the mome	nt 3
E The pain is very severe at the momen	t 4
F The pain is the worst imaginable	5

- 2. If all 10 sections are completed, simply double the patient's score
- 3. If a section is omitted, divide the patient's total score by the number of sections completed times 5.

FORMULA: Patient's Score / # of Sections Completed x 5 x 100 = _____ % Disability

EXAMPLE

- If 9 of 10 sections are completed, divide the patient's score by $9 \times 5 = 45$
- If the Patient's Score = 22
- Number of sections completed: $9 (9 \times 5 = 45)$ $22 / 45 \times 100 = 48\%$ Disability

INTERPRETATION OF DISABILITY SCORES

*	0 – 20% Minimal Disability	Can cope with most ADL's. Usually no treatment needed, apart from advise on lifting, sitting, posture, physical fitness and diet. In this group, some patients have particular difficulty with sitting and this may be important if their occupation is sedentary (typist, driver, etc.)
*	20 – 40% Moderate Disability	This group experiences more pain and problems with sitting, lifting and standing. Travel and social life are more difficult and they may well be off work. Personal care, sexual activity and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.
*	40 – 60% Severe Disability	Pain remains the main problem in this group of patients by travel, personal care, social life, sexual activity and sleep are also affected. These patients require detailed investigation.
*	60 – 80% Crippled	Back pain impinges on all aspects of these patients' lives both at home and at work. Positive intervention is required.
*	80 – 100%	These patients are either bed-bound or exaggerating their symptoms. This can be evaluated by careful observation of the patient during the medical examination.