Orthopedic & Spine Center
Theraplay LLC

OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE

Patient Name: _____ Date: _____
Patient Signature: _____

1. PAIN INTENSITY

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

2. PERSONAL CARE (e.g. Washing, Dressing)

- ❑ 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 every day in most aspects of self care
- ❑ I don't get dressed, I was with difficulty and stay in bed

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, i.e. 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 very light weights
- ❑ I cannot lift or carry anything at all

4. WALKING

- ❑ Pain does not prevent me walking any distance
- ❑ Pain prevents me walking more than one mile
- ❑ Pain prevents me walking more than ½ mile
- ❑ Pain prevents me 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

5. SITTING

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

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 for more than one hour
- ❑ Pain prevents me from standing for more than 30 minutes
- ❑ Pain prevents me from standing for more than 10 minutes
- ❑ Pain prevents me from standing at all

7. SLEEPING

- ❑ Pain does not prevent me from sleeping well
- ❑ I can sleep well only by using medication
- ❑ Even when I take medication, I have less than 6 hrs sleep
- ❑ Even when I take medication, I have less than 4 hrs sleep
- ❑ Even when I take medication, I have less than 2 hrs sleep
- ❑ Pain prevents me from sleeping at all

8. 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
- ❑ Pain has restricted my social life and I do not go out as often
- ❑ Pain has restricted my social life to my home
- ❑ I have no social life because of pain

9. 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 2 hours
- ❑ Pain restricts me to journeys of less than 1 hour
- ❑ Pain restricts me to short necessary journeys under 30 minutes
- ❑ Pain prevents me from traveling except to the doctor or hospital

10. EMPLOYMENT/HOMEMAKING

- ❑ My normal homemaking/ job activities do not cause pain.
- ❑ My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
- ❑ I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- ❑ Pain prevents me from doing anything but light duties.

For Office Use Only

_____ x 2 = _____
Total Points Disability %

_____
Disability Rating Scale