

## 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 CIRCLE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><b>SECTION 1 – Pain Intensity</b></p> <p>A. The pain comes and goes and is very mild.            B. The pain is mild and does not vary much.            C. The pain comes and goes and is moderate.            D. The pain is moderate and does not vary much.            E. The pain comes and goes and is severe.            F. The pain is severe and does not vary much.</p>	<p><b>SECTION 6 – Standing</b></p> <p>A. I can stand as long as I want without pain.            B. I have some pain while standing, but it does not increase with time.            C. I cannot stand for longer than one hour without increasing pain.            D. I cannot stand for longer than ½ hour without increasing pain.            E. I cannot stand for longer than ten minute without increasing pain.            F. I avoid standing, because it increases the pain straight away.</p>
<p><b>SECTION 2 – Personal Care</b></p> <p>A. I would not have to change my way of washing or dressing in order to avoid pain.            B. I do not normally change my way of washing or dressing even though it causes some pain.            C. Washing and dressing increases the pain, but I manage not to change my way of doing it.            D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.            E. Because of the pain, I am unable to do some washing and dressing without help.            F. Because of the pain, I am unable to do any washing or dressing without help.</p>	<p><b>SECTION 7 – Sleeping</b></p> <p>A. I get no pain in bed.            B. I get pain in bed, but it does not prevent me from sleeping well.            C. Because of pain, my normal night’s sleep is reduced by less than one quarter.            D. Because of pain, my normal night’s sleep is reduced by less than one-half.            E. Because of pain, my normal night’s sleep is reduced by less than three-quarters.            F. Pain prevents me from sleeping at all.</p>
<p><b>SECTION 3 – Lifting</b></p> <p>A. I can lift heavy weights without extra pain.            B. I can lift heavy weights, but it causes extra pain.            C. Pain prevents me from lifting heavy weight off the floor.            D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, eg. on a table.            E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.            F. I can only lift very light weights, at the most.</p>	<p><b>SECTION 8 – Social Life</b></p> <p>A. My social life is normal and give me no pain.            B. My social life is normal, but increases the degree of my pain.            C. Pain has no significant effect on my social life apart from limiting my more energetic interests, My dancing, etc.            D. Pain has restricted my social life and I do not go out very often.            E. Pain has restricted my social life to my home.            F. I have hardly any social life because of the pain.</p>
<p><b>SECTION 4 – Walking</b></p> <p>A. Pain does not prevent me from walking any distance.            B. Pain prevents me from walking more than one mile.            C. Pain prevents me from walking more than ½ mile.            D. Pain prevents me from walking more than ¼ mile.            E. I can only walk while using a cane or on crutches.            F. I am in bed most of the time and have to crawl to the toilet.</p>	<p><b>SECTION 9 – Traveling</b></p> <p>A. I get no pain while traveling.            B. I get some pain while traveling, but none of my usual forms of travel make it any worse.            C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.            D. I get extra pain while traveling which compels me to seek alternative forms of travel.            E. Pain restricts all forms of travel.            F. Pain prevents all forms of travel except that done lying down.</p>
<p><b>SECTION 5 – Sitting</b></p> <p>A. I can sit in any chair as long as I like without pain.            B. I can only sit in my favorite chair as long as I like.            C. Pain prevents me from sitting more than one hour.            D. Pain prevents me from sitting more than ½ hour.            E. Pain prevents me from sitting more than ten minutes.            F. Pain prevents me from sitting at all.</p>	<p><b>SECTION 10 – Changing Degree of Pain</b></p> <p>A. My pain is rapidly getting better.            B. My pain fluctuates, but overall is definitely getting better.            C. My pain seems to be getting better, but improvement is slow at present.            D. My pain is neither getting better nor worse.            E. My pain is gradually worsening.            F. My pain is rapidly worsening.</p>

**COMMENTS:** \_\_\_\_\_  
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**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_

## BACK BOURNEMOUTH QUESTIONNAIRE

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** The following scales have been designed to find out about your back pain and how it is affecting you. Please answer ALL the scales, and mark the ONE number on EACH scale that best describes how you feel.

1. Over the past week, on average, how would you rate your back pain?

No pain Worst pain possible

0 1 2 3 4 5 6 7 8 9 10

2. Over the past week, how much has your back pain interfered with your daily activities (housework, washing, dressing, walking, climbing stairs, getting in/out of bed/chair)?

No interference Unable to carry out activity

0 1 2 3 4 5 6 7 8 9 10

3. Over the past week, how much has your back pain interfered with your ability to take part in recreational, social, and family activities?

No interference Unable to carry out activity

0 1 2 3 4 5 6 7 8 9 10

4. Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have you been feeling?

Not at all anxious Extremely anxious

0 1 2 3 4 5 6 7 8 9 10

5. Over the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhappy) have you been feeling?

Not at all depressed Extremely depressed

0 1 2 3 4 5 6 7 8 9 10

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your back pain?

Have made it no worse Have made it much worse

0 1 2 3 4 5 6 7 8 9 10

7. Over the past week, how much have you been able to control (reduce/help) your back pain on your own?

Completely control it No control whatsoever

0 1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_  
Examiner

**OTHER COMMENTS:** \_\_\_\_\_