FORM C-2 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 THE ONE CHOICE WICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1 – Pain intensity	SECTION 5 – Sitting
A The pain comes and goes and is very mild	A I can sit in any chair as long as I like without pain
B The pain is mild and does not vary much	B I can only sit in my favorite chair as long as I like
C The pain comes and goes and is moderate	C Pain prevents me from sitting more than one hour
D The pain is moderate and does not vary much	D Pain prevents me from sitting more than $\frac{1}{2}$
E. The pain comes and goes and is severe	E Pain prevents me from sitting more than ten minutes
F The pain is severe and does not vary much	F Pain prevents me from sitting at all
SECTION 2 – Personal Care	SECTION 6 – Standing
A I would not have to change my way of washing	A I can stand as long as I want without pain
or dressing in order to avoid pain	B I have some pain while standing, but it does not
B I do not normally change my way of washing or	increase with time
dressing even though it causes some pain	C I cannot stand for longer than one hour without
C Washing and dressing increases the pain, but I	increasing pain
manage not to change my way of doing it	D I cannot stand for longer than $\frac{1}{2}$ hour without
D Washing and dressing increases the pain and I	increasing pain
find it necessary to change my way of doing it	E I cannot stand for longer than ten minutes without
E Because of the pain, I am unable to do some	increasing pain
washing and dressing without help	F I avoid standing, because it increases the pain straight
F Because of the pain, I am unable to do any	away
washing or dressing without help	GEOTION 7 Charles
SECTION 3 – Lifting	SECTION 7 – Sleeping
A I can lift heavy weights without extra pain	A I get no pain in bed
B I can lift heavy weights, but it causes extra pain	B I get pain in bed but it does not prevent me from
C Pain prevents me from lifting heavy weights off	sleeping well
the floor	C Because of pain, my normal night's sleep is reduced
D Pain prevents me from lifting heavy weights,	by less than one-quarter
off the floor, but I can manage if they are	D Because of pain, my normal night's sleep is reduced
conveniently positioned, e.g. on a table	by less than one-half
E Pain prevents me from lifting heavy weights,	E Because of pain, my normal night's sleep is reduced
but I can manage light to medium weights if they	by lass than three-quarters
are conveniently positioned	F Pain prevents me from sleeping at all
F I can only lift very light weights, at the most	
SECTION 4 – Walking	SECTION 8 – Social Life
A Pain does not prevent me from walking any	A My social life is normal and gives me no pain
distance	B My social life is normal, but increases the degree of
B Pain prevents me from walking more than one	my pain
mile	C Pain has no significant effect on my social life apart
C Pain prevents me from walking more than $\frac{1}{2}$	from limiting my more energetic interests, e.g. dancing,
mile	etc.
D Pain prevents me from walking more than ¹ / ₄	D Pain has restricted my social life and I do not go out
mile	very often
E I can only walk while using a can or on crutches	E I have hardly any social life because of the pain
F I am in bed most of the time and have to crawl	
to the toilet	

 SECTION 9 – Traveling A I get not 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 COMMENTS: 	 SECTION 10 - Changing Degree of Pain 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
Name:	
Age:	
Date:	Score:

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From Fairbank J. Davies J. et al. The Oswestry Low Back Pain Disability Questionnaire. Physiotherapy 1980:66(18):271-273.