



REVISED OSWESTRY LOW BACK DISABILITY INDEX

Please read: This questionnaire has been designed to inform us how your back problem has affected your ability to manage in your everyday activities. Please answer every section and mark in each section only the ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

<p>Section 1 - Pain Intensity</p> <ul style="list-style-type: none"><input type="checkbox"/> The pain comes and goes and is very mild.<input type="checkbox"/> The pain is mild and does not vary much.<input type="checkbox"/> The pain comes and goes and is moderate.<input type="checkbox"/> The pain is moderate and does not vary much.<input type="checkbox"/> The pain comes and goes and is severe.<input type="checkbox"/> The pain is severe and does not vary much.	<p>Section 6 - Standing</p> <ul style="list-style-type: none"><input type="checkbox"/> I can stand as long as I want without extra pain.<input type="checkbox"/> I have some pain on standing but it does not increase with time.<input type="checkbox"/> I cannot stand for longer than 1 hour without increasing pain.<input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain.<input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain.<input type="checkbox"/> I avoid standing because it increases the pain immediately.
<p>Section 2 - Personal Care (Washing, Dressing, etc.)</p> <ul style="list-style-type: none"><input type="checkbox"/> I do not have to change my way of washing or dressing in order to avoid pain.<input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain.<input type="checkbox"/> Washing and dressing increases the pain but I manage not to change my way of doing it.<input type="checkbox"/> Washing and dressing increases the pain and I find it necessary to change my way of doing it.<input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help.<input type="checkbox"/> Because of the pain, I am unable to do any washing and dressing without help.	<p>Section 7 - Sleeping</p> <ul style="list-style-type: none"><input type="checkbox"/> I get no pain in bed.<input type="checkbox"/> I get pain in bed but it does not prevent me from sleeping well.<input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¼.<input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ½.<input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¾.<input type="checkbox"/> Pain prevents me from sleeping at all.
<p>Section 3 - Lifting</p> <ul style="list-style-type: none"><input type="checkbox"/> I can lift heavy objects without extra pain.<input type="checkbox"/> I can lift heavy objects but it causes extra pain.<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor.<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.<input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium objects if they are conveniently positioned.<input type="checkbox"/> I can only lift very light weights at the most.	<p>Section 8 - Social Life</p> <ul style="list-style-type: none"><input type="checkbox"/> My social life is normal and gives me no extra pain.<input type="checkbox"/> My social life is normal but increases the degree of pain.<input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g., dancing, etc.<input type="checkbox"/> Pain has restricted my social life and I do not go out as often.<input type="checkbox"/> Pain has restricted my social life to my home.<input type="checkbox"/> I have no social life because of pain.



Section 4 - Walking

- I have no pain walking.
- I have some pain with walking but it does not increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than ½ mile without increasing pain.

Section 9 - Traveling

- I get no pain while traveling.
- I get some pain from traveling, but none of my usual forms of travel make it any worse.
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.

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 for more than 1 hour.
- Pain prevents me from sitting for more than ½ an hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Section 10 - Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall it is definitely getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.