

Low Back Disability Oswestry Revised 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 WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1: *Pain Intensity*

- 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.

SECTION 6: *Standing*

- 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 1 hour without increasing pain.
- D – I cannot stand for longer than 1/2 hour without increasing pain.
- E – I cannot stand for longer than 10 minutes without increasing pain.
- F – I avoid standing, because it increases the pain straight away.

SECTION 2: *Personal Care*

- 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 and dressing without help.

SECTION 7: *Sleeping*

- 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.

SECTION 3: *Lifting*

- 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 weights off the floor.
- D – Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. 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.

SECTION 8: *Social Life*

- A – My social life is normal and gives 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, e.g. 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.

SECTION 4: *Walking*

- A – Pain does not prevent me from walking any distance.
- B – Pain prevents me from walking more than 1 mile.
- C – Pain prevents me from walking more than 1/2 mile.
- D – Pain prevents me from walking more than 1/4 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.

SECTION 9: *Traveling*

- 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.

SECTION 5: *Sitting*

- 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 1 hour.
- D – Pain prevents me from sitting more than 1/2 hour.
- E – Pain prevents me from sitting more than 10 minutes.
- F – Pain prevents me from sitting at all.

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.

Comments: _____

Name: _____ Date: _____ Score: _____

PAIN CHART

ABOUT YOU

Name: _____

What is your current weight: _____ lbs., and height: _____ ft. _____ in.

Please describe your condition: _____

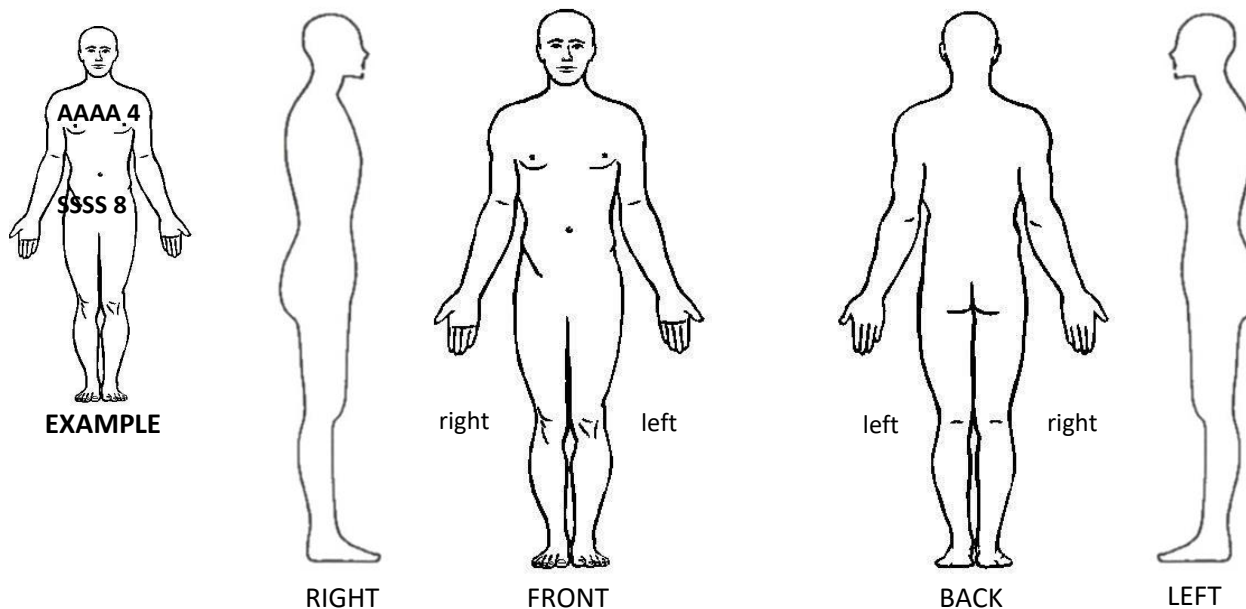
Signature: _____ Date: _____

SHOW US WHERE IT HURTS

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain)

Description –	Numbness	Pins & Needles	Burning	Aching	Stabbing
Symbol –	NNNN	PPPP	BBBB	AAAA	SSSS

Circle any area of pain not represented by a symbol.



Authorization

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorized the chiropractor to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such chiropractic care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the chiropractic group insurance benefits otherwise payable to me. I understand that my chiropractic insurance carrier may pay less than the bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X

Signature of Patient (or parent of minor)

Date