



**Survey of Back Disability** Date: \_\_\_\_\_ Visit \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dx Code: \_\_\_\_\_

Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

The Oswestry Disability questionnaire is designed to give us information how your back (or leg) pain is affecting your ability to manage everyday life. We realize you may consider that two or more statements in any one section apply but please circle the one number that indicates the statement which most clearly describes your problem today.

**Pain Intensity**

- 0 The pain comes and goes and is very mild
- 1 The pain is mild and does not vary much
- 2 The pain comes and goes and is moderate
- 3 The pain is moderate and does not vary much
- 4 The pain comes and goes and is very severe.
- 5 The pain is very severe and does not vary much

**Personal Care (Washing, Dressing)**

- 0 I do not have to change my way of washing or dressing in order to avoid pain
- 1 I do not normally change my way of washing or dressing even though it causes some pain
- 2 Washing and dressing increases the pain but I manage not to change my way of doing it
- 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it
- 4 Because of the pain I am unable to do some washing and dressing without help
- 5 Because of the pain I am unable to do any washing and dressing without help

**Lifting**

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it gives extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor.
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- 4 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 5 I can lift very light weights.

**Walking**

- 0 I have no pain while walking.
- 1 I have some pain while walking but it doesn't increase with distance
- 2 I cannot walk more than 1 mile without increasing pain.
- 3 I cannot walk more than 1/2 mile without increasing pain.
- 4 I cannot walk more than 1/4 mile without increasing pain.
- 5 I cannot walk at all without increasing pain

**Sitting**

- 0 I can sit in any chair as long as I like
- 1 I can sit in my favorite chair as long as I like
- 2 Pain prevents me from sitting more than 1 hour
- 3 Pain prevents me from sitting more than 1/2 hour
- 4 Pain prevents me from sitting more than 10 minutes
- 5 I avoid sitting because it increases pain immediately

*For office use (Sum all statements selected [ ] / # of sections with statements selected x 5) x 100 = Percent Disability [ ] score to enter*

**Standing**

- 0 I can stand as long as I want without pain
- 1 I have some pain while standing but it does not increase with time.
- 2 I cannot stand for longer than 1 hour without increasing pain.
- 3 I cannot stand for longer than 1/2 hour without increasing pain.
- 4 I cannot stand for longer than 10 minutes without increasing pain.
- 5 I avoid standing because it increases pain immediately.

**Sleeping**

- 0 I get no pain in bed
- 1 I get pain in bed but it does not prevent me from sleeping well
- 2 Because of pain my normal sleep is reduced by less than 25%
- 3 Because of pain my normal sleep is reduced by less than 50%
- 4 Because of pain my normal sleep is reduced by less than 75%
- 5 Pain prevents me from sleeping at all

**Changing degree of pain**

- 0 My pain is rapidly getting better
- 1 My pain fluctuates but overall is definitely getting better
- 2 My pain seems to be getting better but improvement is slow
- 3 My pain is neither getting better or worse
- 4 My pain is gradually worsening
- 5 My pain rapidly worsening

**Social Life**

- 0 My social life is normal and causes me no extra pain
- 1 My social life is normal but increases the degree of pain
- 2 Pain has no significant effect on my social life apart from limiting more energetic interests ( e.g. dancing, sports)
- 3 Pain has restricted by social life and I do not go out as often
- 4 Pain has restricted by social life to my home
- 5 I have hardly any social life because of pain

**Traveling**

- 0 I get no pain while traveling
- 1 I get some pain while traveling but none of my usual forms of travel make it worse
- 2 I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- 3 I get extra pain while traveling which causes me to seek alternate forms of travel.
- 4 Pain restricts all forms of travel except that done while lying down.
- 5 Pain restricts all forms of travel

If this is your first visit ignore the below question.

Overall, since you started your treatment, has there been any change in your symptoms in your back during your daily activities. Please indicate if there has been any change by choosing one of the following options.

Worse	___ Same (0)	Better
___ Almost the same, hardly any worse at all (-1)		___ Almost the same, hardly any better at all (1)
___ A little worse (-2)		___ A little better (2)
___ Somewhat worse (-3)		___ Somewhat better (3)
___ Moderately worse (-4)		___ Moderately better (4)
___ A good deal worse (-5)		___ A good deal better (5)
___ A great deal worse (-6)		___ A great deal better (6)
___ A very great deal worse (-7)		___ A very great deal better (7)