# Oswestry Low Back Pain Disability Questionnaire

Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. Spine, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002;82:8-24.

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools <sup>[1]</sup>.

# **Scoring instructions**

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example:

16 (total scored)

50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

6 (total scored)

45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

## Interpretation of scores

0% to 20%: minimal disability:	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.  The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.			
21%-40%: moderate disability:				
41%-60%: severe disability:	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.			
61%-80%: crippled:	Back pain impinges on all aspects of the patient's life. Positive intervention is required.			
81%-100%:	These patients are either bed-bound or exaggerating their symptoms.			

# Oswestry Low Back Pain Disability Questionnaire

#### Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1 - Pain Intensity		Section 3 – Lifting		
	I have no pain at the moment		I can lift heavy weights without extra pain	
	The pain is very mild at the moment		I can lift heavy weights but it gives extra pain	
	The pain is moderate at the moment		Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table	
	The pain is fairly severe at the moment			
	The pain is very severe at the moment		Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned	
	The pain is the worst imaginable at the moment			
	Homen		I can lift very light weights	
Section 2 – Personal care (washing, dressing etc)			I cannot lift or carry anything at all	
	I can look after myself normally without causing extra pain	Sec	tion 4 – Walking*	
	I can look after myself normally but it causes extra pain		Pain does not prevent me walking any distance	
	It is painful to look after myself and I am		Pain prevents me from walking more than 1 mile	
200000	ow and careful		Pain prevents me from walking more than	
	I need some help but manage most of my personal care		1/2 mile	
	I need help every day in most aspects of self-care		Pain prevents me from walking more than 100 yards	
	I do not get dressed, I wash with difficulty and stay in bed		I can only walk using a stick or crutches	
			I am in bed most of the time	

Section 5 – Sitting		Sec	Section 8 – Sex life (if applicable)		
	I can sit in any chair as long as I like		My sex life is normal and causes no extra pain		
	I can only sit in my favourite chair as long as I like		My sex life is normal but causes some extra pain		
	Pain prevents me sitting more than one hour		My sex life is nearly normal but is very painful		
	Pain prevents me from sitting more than		My sex life is severely restricted by pain		
<b></b>	30 minutes  Pain prevents me from sitting more than 10 minutes		My sex life is nearly absent because of pain		
			Pain prevents any sex life at all		
	Pain prevents me from sitting at all	Sec	tion 9 – Social life		
Sec	ction 6 – Standing		My social life is normal and gives me no extra pain		
	I can stand as long as I want without extra pain	П	My social life is normal but increases the degree of pain		
	I can stand as long as I want but it gives me	<b>1</b>			
	extra pain  Pain prevents me from standing for more than 1 hour		Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport		
	Pain prevents me from standing for more than 30 minutes		Pain has restricted my social life and I do not go out as often		
	Pain prevents me from standing for more than 10 minutes		Pain has restricted my social life to my home		
	Pain prevents me from standing at all		I have no social life because of pain		
Section 7 - Sleeping			Section 10 - Travelling		
	My sleep is never disturbed by pain		i can travel anywhere without pain		
	My sleep is occasionally disturbed by pain		I can travel anywhere but it gives me extra pain		
	Because of pain I have less than 6 hours sleep		Pain is bad but I manage journeys over two hours		
	Because of pain I have less than 4 hours sleep	П	Pain restricts me to journeys of less than one		
	Because of pain I have less than 2 hours sleep		hour		
	Pain prevents me from sleeping at all		Pain restricts me to short necessary journeys under 30 minutes		
			Pain prevents me from travelling except to receive treatment		

### References

1. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.