

REVISED OSWESTRY DISABILITY

Name _____ Date ____/____/____ File # _____

This questionnaire helps us to understand how much your *back discomfort* has affected your ability to perform everyday activities. Please check one box in each section that most clearly describes your current level of difficulty.

<p>Section 1 – Pain intensity</p> <p>The discomfort comes and goes and is very mild. The discomfort is mild and does not vary much. The discomfort comes and goes and is moderate. The discomfort is moderate and does not vary much. The discomfort comes and goes and is severe. The discomfort is severe and does not vary much.</p>	<p>Section 6 – Standing</p> <p>I can stand as long as I want. I can stand as long as I want but my discomfort increases. I cannot stand for more than 1 hour because of my discomfort. I cannot stand for more than 30 minutes because of my discomfort. I cannot stand more than 10 minutes because of my discomfort. I cannot stand at all because of my discomfort.</p>
<p>Section 2 – Personal Care</p> <p>I can look after myself without experiencing extra discomfort. I can look after myself but I experience increased discomfort. It is painful to look after myself so I am cautious. I need some help but manage most of my personal care. I need help everyday in most aspects of self-care. I am unable to wash or dress myself without help</p>	<p>Section 7 – Traveling</p> <p>I can travel anywhere without increased discomfort. I can travel anywhere but experience increased discomfort. I am very uncomfortable but I can manage trips over two hours. My discomfort restricts me to trips less than 1 hour. My discomfort restricts me to trips less than 30 minutes. My discomfort prevents me from all forms of travel.</p>
<p>Section 3 – Lifting</p> <p>I am able to lift heavy objects without increased discomfort. I am able to lift heavy objects but experience increased discomfort. I cannot lift heavy objects off the floor. I can only lift objects off the floor if they are conveniently positioned. I can only manage medium to light objects if they are conveniently positioned. I cannot lift or carry anything at all.</p>	<p>Section 8 – Sleeping</p> <p>I have no trouble sleeping. My sleep is slightly disturbed (less than 1 hr). My sleep is mildly disturbed (1-2 hrs sleepless). My sleep is moderately disturbed (2-3 hrs sleepless). My sleep is greatly disturbed (3-5 hrs sleepless). My sleep is completely disturbed (5-7 hrs sleepless).</p>
<p>Section 4 - Sitting</p> <p>I can sit in any chair as long as I like. I can only sit in a comfortable chair as long as I like. Pain prevents me from sitting more than 1 hour. Pain prevents me from sitting more than 30 minutes. Pain prevents me from sitting more than 10 minutes. Pain prevents me from sitting at all.</p>	<p>Section 9 – Social Life</p> <p>My social life is normal and does not cause increased discomfort. My social life is normal but causes increased discomfort. My discomfort only affects my more energetic interests. My discomfort has restricted my social life; I do not go out often. My discomfort has restricted my social life to my home. I have no social life because of my discomfort.</p>
<p>Section 5 – Walking</p> <p>I have no discomfort when I walk. I have some discomfort with walking but it does not increase with distance. My discomfort prevents me from walking more than 1 mile. My discomfort prevents me from walking more than ½ mile. My discomfort prevents me from walking more than ¼ mile. I cannot walk at all without increasing my discomfort.</p>	<p>Section 10 – Changing Degree of Pain</p> <p>My discomfort is rapidly getting better. My discomfort fluctuates, but is definitely getting better. My discomfort is getting better, but improvement is slow. My discomfort is neither getting better nor getting worse. My discomfort is gradually worsening. My discomfort is rapidly worsening.</p>

Score: