

MODIFIED OSWESTRY DISABILITY

PATIENT NAME _____ FILE # _____ DATE _____

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life.

Please answer every section and mark in each section only ONE box which applies to you.

We realize you may consider that two of the statements in any one section relates to you, but please just mark the box which MOST CLOSELY describes your problem.

Section 1 – Pain Intensity

- 0 I have no pain.
- 1 Pain comes and goes and is very mild.
- 2 Pain is constant and is very mild.
- 3 Pain comes and goes and is moderate.
- 4 Pain is constant and is moderate.
- 5 Pain is constant and is severe.

Section 2 – Personal Care

- 0 Does not cause any extra pain.
- 1 Does not change habits/Some Pain.
- 2 Does not change habits/Increases Pain.
- 3 Changes habits/Increases Pain.
- 4 Unable to do some personal care without help.
- 5 Unable to wash or dress without help.

Section 3 – Lifting

- 0 Lifts heavy weights with no pain.
- 1 Lifts heavy weights with pain.
- 2 Cannot lift heavy weights off the floor.
- 3 Can lift heavy weights from a table.
- 4 Can lift light weights from a table.
- 5 Can lift only very light weights.

Section 4 – Walking

- 0 Pain does not prevent walking.
- 1 Cannot walk more than one mile.
- 2 Cannot walk more than ½ mile.
- 3 Cannot walk more than ¼ mile.
- 4 Can walk only with crutches.
- 5 Bedridden and must crawl to the toilet.

Section 5 – Sitting

- 0 I can sit in any chair as long as I like.
- 1 Can sit only in favorite chair as long as I like.
- 2 I cannot sit for more than 1 hr.
- 3 Can sit no more than ½ hour.
- 4 Can sit no more than 10 minutes.
- 5 Avoid sitting due to increased pain.

Section 5 – Standing

- 0 Can stand for unlimited time without pain
- 1 Some pain standing/does not increase w/time.
- 2 Cannot stand for more than 1 hour.
- 3 Cannot stand for more than ½ hour.
- 4 Cannot stand more than 10 minutes.
- 5 Cannot stand at all.

Section 7 -- Sleeping

- 0 No pain in bed.
- 1 Gets pain in bed, but sleeps well.
- 2 Normal sleep reduced by ¼.
- 3 Normal night's sleep reduced by ½.
- 4 Normal night's sleep reduced by ¾.
- 5 Cannot sleep at all due to pain.

Section 8 -- Traveling

- 0 Travel without pain.
- 1 Travel causes some pain, but not worse.
- 2 Causes extra pain/No change in form.
- 3 Causes pain/Uses alternate travel.
- 4 Pain restricts all forms of travel.
- 5 Pain restricts travel except lying down.

Section 9 -- Social

- 0 Normal and causes no pain.
- 1 Normal but causes extra pain.
- 2 Limits energetic interests.
- 3 Pain limits/does not go out as often.
- 4 Pain restricted social life to home.
- 5 Pain restricts all social life.

Section 10 – Changing degree of Pain

- 0 Pain is rapidly improving.
- 1 Pain fluctuates but is improving.
- 2 Improvement is slow.
- 3 Pain level is unchanged.
- 4 Pain is gradually worsening.
- 5 Pain is rapidly worsening.