

## Oswestry Low Back Pain Disability Index Questionnaire

**Instructions for completion of this questionnaire:**

- **Please answer every question, based on your condition today.**
- Answer every question to the best of your ability – missing questions will invalidate the questionnaire.

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE: \_\_\_\_\_

BODY PART: \_\_\_\_\_

**How would you rate your back today as a percentage of normal  
(0% to 100%), with 100% being normal?**

## Oswestry Low Back Pain Disability Index Questionnaire

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question that best describes your condition **today**. We realize you may feel that 2 of the statements may describe your condition, but please mark only the one box that most closely describes your current condition (**as you are today**).

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### 1. Pain Intensity

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

### 2. Personal Care (washing, dressing, feeding, etc)

- 0  I can take care of my personal care needs normally without causing increased pain.
- 1  I can take care of myself normally, but it increases my pain.
- 2  It is painful to take care of myself, so I am slow and careful.
- 3  I need assistance, but I am able to manage most of my personal care.
- 4  I need help in most aspects of my personal care.
- 5  Because of pain, I am unable to perform any personal care without help.

### 3. Lifting

- 0  I can lift heavy weights without increased pain.
- 1  I can lift heavy weights, but it causes increased pain.
- 2  Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (e.g., on a table).
- 3  Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 4  I can lift only very light weights.
- 5  I cannot lift or carry anything at all.

### 4. Walking

- 0  Pain does not prevent me from walking any distance.
- 1  Pain prevents me from walking more than 1 mile. (1 mile = 1.6 km).
- 2  Pain prevents me from walking more than 1/2 mile.
- 3  Pain prevents me from walking more than 1/4 mile.
- 4  I can walk only with crutches or a cane.
- 5  I am in bed most of the time and sometimes have to crawl to the toilet.

### 5. Sitting

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

## 6. Standing

- 0  I can stand as long as I want without increased pain.
- 1  I can stand as long as I want, but it increases my pain.
- 2  Pain prevents me from standing for more than 1 hour.
- 3  Pain prevents me from standing for more than 1/2 hour.
- 4  Pain prevents me from standing for more than 10 minutes.
- 5  I avoid standing because it immediately causes severe pain.

## 7. Sleeping

- 0  I get no pain in bed.
- 1  I get increased pain in bed, but it does not prevent me from sleeping well.
- 2  Because of pain, my normal night's sleep is reduced by one-quarter.
- 3  Because of pain, my normal night's sleep is reduced by one-half.
- 4  Because of pain, my normal night's sleep is reduced by three-quarters.
- 5  Pain prevents me from sleeping at all.

## 8. Employment / Homemaking

- 0  My normal homemaking / job activities do not cause pain.
- 1  My normal homemaking / job activities increase my pain, but I can still perform all that is required of me.
- 2  I can perform most of my homemaking / job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming).
- 3  Pain prevents me from doing anything but light duties.
- 4  Pain prevents me from doing even light duties.
- 5  Pain prevents me from performing any job or homemaking chores.

## 9. Traveling (driving, daily commute, public transportation)

- 0  I can travel without increased pain.
- 1  I get pain during travel, but my usual forms of travel do not make the pain worse.
- 2  I get extra pain with travel, but do not seek alternate forms of travel.
- 3  I get extra pain with travel which forces me to seek alternate forms of travel.
- 4  Pain restricts me to short travel distances only.
- 5  My pain prevents all travel except for visits to the physician / therapist or hospital.

## 10. Social Life

- 0  My social life is normal and does not increase my pain.
- 1  My social life is normal, but it does increase my level of pain.
- 2  Pain prevents me from participating in more energetic activities (sports, dancing, etc).
- 3  Pain prevents me from going out very often.
- 4  Pain has restricted my social life to my home.
- 5  I hardly have any social life because of my pain.

**For staff use ONLY:**

**SCORING: Scoring: If patient completed all questions –**

- If patient completed all questions, just double the score to get percentage of disability  
(Total score / 50) x 100 = % of disability
- If patient was unable to complete all the questions

**(Total score / (# questions answered x5))=% of disability  
It is suggested to round up to whole numbers for convenience.**

Oswestry score = \_\_\_\_\_%

**STATISTICAL DATA:**

**MDC – (minimal detectable change) - 13**

**MCID (minimal clinically important difference) – 10%**

**ODI Scoring:**

**0% - 20% - minimal disability**

**21% - 40% - moderate disability**

**41% - 60% - severe disability**

**61% - 80% - crippled**

**81% - 100% - bed bound or symptom magnification**

**If the score of the ODI is <20%, it is recommended to supplement the ODI with the Roland Morris Disability Questionnaire.**