

# The Oswestry Low Back Pain Disability Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS:

This questionnaire has been designed to give the therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the **one box** that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

### SECTION 1 – PAIN INTENSITY

- The pain is mild and comes and goes.
- The pain is mild and does not vary.
- The pain is moderate and comes and goes.
- The pain is moderate and does not vary much.
- The pain is severe and comes and goes.
- The pain is severe and does not vary.

### SECTION 2 – PERSONAL CARE

- I do not have to change the way I wash and dress myself to avoid pain.
- I do not normally change the way I wash or dress myself even though it causes pain.
- Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- Washing and dressing increases my pain, and I find it necessary to change the way I do it.
- Because of my pain I am partially unable to wash and dress without help.
- Because of my pain I am completely unable to wash or dress without help.

### SECTION 3 – LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off floor, but I can manage if they are conveniently positioned, e.g., on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

### SECTION 4 – WALKING

- I have no pain when walking.
- I have pain when walking, but I can still walk required distances
- Pain prevents me from walking long distances
- Pain prevents me from walking intermediate distances.
- Pain prevents me from walking short distances
- Pain prevents me from walking at all.

### SECTION 5 – SITTING

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

### SECTION 6 – STANDING

- I can stand as long as I want without increased pain.
- I can stand as long as I want but my pain increases with time.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- I avoid standing because pain increases instantly.

### SECTION 7 – SLEEPING

- I have no pain when in bed.
- I get pain in bed in bed but it doesn't stop me from sleeping.
- Because of my pain, I sleep ¾ of the night.
- Because of my pain, I sleep ½ the night.
- Because of my pain, I sleep ¼ of the night.
- Pain prevents me from sleeping at all.

### SECTION 8 – SOCIAL LIFE

- My social life is normal and does not increase pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

### SECTION 9 – TRAVELING

- I can travel anywhere without extra pain.
- I get some pain while traveling, but none of my usual forms of travel makes it any worse.
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling, which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain restricts all forms of travel except that done lying down.

### SECTION 10 – CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates, but is definitively getting better.
- My pain seems to be getting better, but improvement is slow at present
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

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**Fear Avoidance Beliefs Questionnaire (Physical Activity)**

Here are some of the things other patients have told us about their pain. For each statement please mark the number from 0-6 to indicate how much physical activity such as bending, lifting, walking or driving affect or would affect your back pain.

	0	1	2	3	4	5	6
My pain was caused by physical activity.							
*Physical activity makes my pain worse.							
*Physical activity might harm my back.							
*I should not do physical activities which (might) make my back pain worse,							
*I cannot do physical activities which (might) make my back pain worse.							

FABQ (PA) score: \_\_\_\_       Greater than 19       Less than 12

**Fear Avoidance Beliefs Questionnaire (Work)**

The following statements are about how your normal work affects or would affect your back.

*My pain was caused by my work or by an accident at work.	0	1	2	3	4	5	6
*My work aggravated my pain.	0	1	2	3	4	5	6
I have a compensation for my pain.	0	1	2	3	4	5	6
* My work is too heavy for me.	0	1	2	3	4	5	6
*My work makes or would make my pain worse.	0	1	2	3	4	5	6
*My work might harm my back.	0	1	2	3	4	5	6
*I should not do my regular work with my present pain.	0	1	2	3	4	5	6
I cannot do my normal work with my present pain.	0	1	2	3	4	5	6
I cannot do my normal work until my pain is treated.	0	1	2	3	4	5	6
*I do not think that I will be back to my normal work within 3 months.	0	1	2	3	4	5	6
I do not think that I will ever be able to go back to work.	0	1	2	3	4	5	6

FABQ (W) score: \_\_\_\_       Greater than 34       Less than 19