

# OSWESTRY BACK DISABILITY INDEX

Patient's Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the severity of your back pain by circling a number below

0	1	2	3	4	5	6	7	8	9	10
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No Pain

Unbearable Pain

**Instructions:** Please mark the ONE BOX in each section which most closely describes your problem.

## Section 1 – Pain Intensity

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

## Section 2 – Personal Care (Washing, Dressing, etc.)

- 0. I do not have to change my way of washing or dressing in order to avoid pain.
- 1. I do not normally change my way of washing or dressing even though it causes some pain.
- 2. Washing and dressing increase the pain but I manage not to change my way of doing it.
- 3. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- 4. Because of the pain, I am unable to do some washing and dressing without help.
- 5. Because of the pain, I am unable to do any washing or dressing without help.

## Section 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives me extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned eg. 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.

## Section 4 – Walking

- 0. I have no pain when walking.
- 1. I have some pain when walking, but it does not increase with distance.
- 2. I cannot walk more than 1 mile without increasing pain.
- 3. I cannot walk more than half a mile without increasing pain.
- 4. I cannot walk more than a quarter mile without increasing pain.
- 5. I cannot walk at all without increasing pain.

## Section 5 – Sitting

- 0. I can sit in any chair for as long as I like.
- 1. I can sit only in my favourite chair for 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 30 mins.
- 4. Pain prevents me from sitting for more than 10 mins.
- 5. I avoid sitting because it increases pain immediately.

## Section 6 – Standing

- 0. I can stand for as long as I want without pain.
- 1. I have some pain on standing but it does not increase with time.
- 2. I cannot stand longer than 1 hour without increasing pain.
- 3. I cannot stand longer than 30 mins without increasing pain.
- 4. I cannot stand longer than 10 mins without increasing pain.
- 5. I avoid standing because it increases the pain immediately.

## Section 7 – Sleeping

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

## Section 8 – Social Life

- 0. My social life is normal and gives me no pain.
- 1. My social life is normal but increases the degree of pain.
- 2. Pain has no significant effect on my social life apart from limiting my more energetic interests eg. dancing, etc.
- 3. Pain has restricted my social life and I do not go out often.
- 4. Pain has restricted my social life to my home.
- 5. I have hardly any social life because of the pain.

## Section 9 – Travelling

- 0. I have no pain when travelling.
- 1. I have some pain when travelling but none of my usual forms of travel make it any worse.
- 2. I have extra pain when travelling but it does not compel me to seek alternative forms of travel.
- 3. I have extra pain when travelling which compels me to seek alternative forms of travel.
- 4. Pain restricts me to short necessary journeys of fewer than 30 minutes.
- 5. Pain restricts all forms of travel.

## Section 10 – Changing Degree of Pain

- 0. My pain is rapidly getting better.
- 1. My pain fluctuates but overall is definitely getting better.
- 2. My pain seems to be getting better but improvement is slow.
- 3. My pain is neither getting better nor worse.
- 4. My pain is gradually worsening.
- 5. My pain is rapidly worsening.

Clinician Review \_\_\_\_\_

Score: \_\_\_\_\_