Camelback SPORTS THERAPY

Patient/Acct#:
DOB:

Revised Oswestry Low Back Pain Disability Questionnaire

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Please mark the ONE choice from EACH group that best describes your problem right now.

PAIN INTENSITY
- ❑A. The pain comes and goes and is very mild.
- ❑B. The pain is mild and does not vary much.
- ❑C. The pain comes and goes and is moderate.
- ❑D. The pain is moderate and does not vary much.
- ❑E. The pain comes and goes and is severe.
- ❑F. The pain is severe and does not vary much.

PERSONAL CARE
- ❑A. I would not have to change my way of washing or dressing in order to avoid pain.
- ❑B. I do not normally change my way of washing or dressing even though it causes some pain.
- ❑C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
- ❑D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ❑E. Because of the pain, I am unable to do some washing and dressing without help.
- ❑F. Because of the pain, I am unable to do any washing or dressing without help.

LIFTING
- ❑A. I can lift heavy weights without extra pain.
- ❑B. I can lift heavy weights, but it causes extra pain.
- ❑C. Pain prevents me from lifting heavy weights off the floor.
- ❑D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- ❑E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ❑F. I can only lift very light weights, at the most.

WALKING
- ❑A. Pain does not prevent me from walking any distance.
- ❑B. Pain prevents me from walking more than one mile.
- ❑C. Pain prevents me from walking more than ½ mile.
- ❑D. Pain prevents me from walking more than 1/4 mile.
- ❑E. I can only walk while using a cane or on crutches.
- ❑F. I am in bed most of the time and have to crawl to the toilet.

SITTING
- ❑A. I can sit in any chair as long as I like without pain.
- ❑B. I can only sit in my favorite chair as long as I like.
- ❑C. Pain prevents me from sitting more than one hour.
- ❑D. Pain prevents me from sitting more than ½ hour.
- ❑E. Pain prevents me from sitting more than ten minutes.
- ❑F. Pain prevents me from sitting at all.

STANDING
- ❑A. I can stand as long as I want without pain.
- ❑B. I have some pain while standing, but it does not increase with time.
- ❑C. I cannot stand for longer than one hour without increasing pain.
- ❑D. I cannot stand for longer than ½ hour without increasing pain.
- ❑E. I cannot stand for longer than ten minutes without increasing pain.
- ❑F. I avoid standing, because it increases the pain straight away.

SLEEPING
- ❑A. I get no pain in bed.
- ❑B. I get pain in bed, but it does not prevent me from sleeping well.
- ❑C. Because of pain, my normal night's sleep is reduced by less than one-quarter.
- ❑D. Because of pain, my normal night's sleep is reduced by less than one-half.
- ❑E. Because of pain, my normal night's sleep is reduced by less than three-quarters.
- ❑F. Pain prevents me from sleeping at all.

SOCIAL LIFE
- ❑A. My social life is normal and gives me no pain.
- ❑B. My social life is normal, but increases the degree of my pain.
- ❑C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- ❑D. Pain has restricted my social life and I do not go out very often.
- ❑E. Pain has restricted my social life to my home.
- ❑F. I have hardly any social life because of the pain.

TRAVELING
- ❑A. I get no pain while traveling.
- ❑B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ❑C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- ❑D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- ❑E. Pain restricts all forms of travel.
- ❑F. Pain prevents all forms of travel except that done lying down.

CHANGING DEGREE OF PAIN
- ❑A. My pain is rapidly getting better.
- ❑B. My pain fluctuates, but overall is definitely getting better.
- ❑C. My pain seems to be getting better, but improvement is slow at present.
- ❑D. My pain is neither getting better nor worse.
- ❑E. My pain is gradually worsening.
- ❑F. My pain is rapidly worsening.

Provider Signature _____Date_____

Disability Index Score: % _____