

Oswestry Back Disability Index

Patient Name: _____

Date: _____

Instructions: Please mark only 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

- 0. I would 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 causes extra pain
- 2. Pain prevents me from lifting heavy weights off the floor.
- 3. Pain prevents me lifting heavy weight off the floor, but I can manage if they are conveniently positioned e/g/ on a table
- 4. pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned e.g. on a table
- 5. I can lift only very light weights

Section 4-Walking

- 0. I have no pain when walking
- 1. I have some pain when walking but it doesn't increase with distance
- 2. I cannot walk more than 1 mile without increasing pain
- 3. I cannot walk more than 1/2 mile without increasing pain
- 4. I cannot walk more than 1/4 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 20 minutes
- 4. Pain prevents me from sitting for more than 10 minutes
- 5. I avoid sitting because it increases my pain immediately

Section 6—Standing

- 0. I can stand for as long as I want without pain.
- 1. I have 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 minutes without increasing pain
- 4. I cannot stand longer than 10 minutes without increasing pain
- 5. I avoid standing because I 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 1/4
- 3. Because of my pain, my normal night's sleep is reduced by less than 1/2
- 4. Because of my pain, my normal night's sleep is reduced by less than 3/4
- 5. Pain prevents me from sleeping at all

Section 8—Social life

- 0. My social life is normal and give me no pain
- 1. My social life is normal, but increase the degree of pain
- 2. Pain has no significant effect on my social life apart from limiting more energetic interests e.g. 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 my pain

Section 9—Travelling

- 0. I have no pain when I travel
- 1. I have some pain when travelling but none of my usual forms of travel make it 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 forms of travel
- 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 getting worse
- 5. My pain is rapidly getting worse

Doctor's use only Score:	%	
	Last Score:	%