

## TD-5.5 Back Pain Disability Index (Oswestry)

Name \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage your everyday activities. Please answer each section **BY CIRCLING THE ONE CHOICE** that most applies to you.

<p><b>Section 1 – Pain Intensity</b></p> <p>A. I have no pain at the moment.                      B. The pain is very mild at the moment.                      C. The pain is moderate at the moment.                      D. The pain is fairly severe at the moment.                      E. The pain is very severe at the moment.                      F. The pain is the worst imaginable at the moment.</p>	<p><b>Section 6 – Standing</b></p> <p>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 1 hour without increasing pain.                      D. I cannot stand for longer than ½ hour without increasing pain.                      E. I cannot stand for longer than 10 minutes without increasing pain.                      F. I avoid standing because it increases the pain straight away.</p>
<p><b>Section 2 – Personal Care (Washing, Dressing, Etc.)</b></p> <p>A. I can look after myself normally without causing extra pain.                      B. I can look after myself normally, but it causes extra pain.                      C. It is painful to look after myself and I am slow and careful.                      D. I need some help, but manage most of my personal care.                      E. I need help every day in most aspects of self care.                      F. I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><b>Section 7 – Sleeping</b></p> <p>A. I have no trouble sleeping.                      B. My sleep is slightly disturbed (less than 1 hour sleepless).                      C. My sleep is mildly disturbed (1-2 hours sleepless).                      D. My sleep is moderately disturbed (2-3 hours sleepless).                      E. My sleep is greatly disturbed (3-5 hours sleepless).                      A. My sleep is completely disturbed (5-7 hours sleepless)</p>
<p><b>Section 3 – Lifting</b></p> <p>A. I can lift heavy weights, without extra pain.                      B. I can lift heavy weights, but it gives extra pain.                      C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.                      D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.                      E. I can lift very light weights.                      F. I cannot lift or carry anything at all.</p>	<p><b>Section 8 – Social Life</b></p> <p>A. My social life is normal and gives me no pain.                      B. My social life is normal, but increase the degrees of my pain.                      C. Pain has no significant effect on my social life apart from limiting my more energetic interests.                      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.</p>
<p><b>Section 4 – Walking</b></p> <p>A. Pain does not prevent me from walking any distance.                      B. Pain prevents me from walking more than 1 mile.                      C. Pain prevents me from walking more than ½ a mile.                      D. Pain prevents me from walking more than ¼ a mile.                      E. I can only walk using a cane or on crutches.                      F. I am in bed most of the time and have to crawl to the toilet.</p>	<p><b>Section 9 – Traveling</b></p> <p>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 alternatives forms of travel.                      D. I get extra pain while traveling which compels me to seek alternative forms of travel                      E. Pain prevents all forms of travel except that done lying down.                      F. Pain restricts all forms of travel.</p>
<p><b>Section 5 – Sitting</b></p> <p>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 1 hour.                      D. Pain prevents me from sitting more than ½ an hour.                      E. Pain prevents me from sitting more than 10 minutes.                      F. Pain prevents me from sitting at all.</p>	<p><b>Section 10 – Changing Degrees of Pain</b></p> <p>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 or worse.                      E. My pain is gradually worsening.                      F. My pain is rapidly worsening.</p>