



Oswestry Low Back Disability Questionnaire

Patient Name: _____ **Date:** _____

The Oswestry Low Back Disability Questionnaire assesses how back pain impacts a person's ability to perform daily activities. It provides a standardized method for measuring functional limitations and tracking changes over time, supporting informed care planning and treatment evaluation.

Patient Self-Assessment

This questionnaire evaluates how back pain affects your ability to perform everyday tasks. Please read each section and mark **only one box per section** that best describes your condition **today**. If more than one statement applies, select the one that best describes your current condition.

Section 1: Pain Levels

- ☐ I have no pain right now
- ☐ My pain is mild and manageable
- ☐ My pain is moderate
- ☐ My pain is fairly severe
- ☐ My pain is very severe
- ☐ My pain is the worst I can imagine

Section 2: Daily Self-Care (e.g., dressing, bathing)

- ☐ I care for myself normally without extra pain
- ☐ I care for myself normally, but it causes extra pain
- ☐ It's painful to care for myself—I move slowly and carefully
- ☐ I need some help, but manage most things myself
- ☐ I need help every day for most self-care tasks
- ☐ I stay in bed and have difficulty dressing or bathing

Section 3: Lifting

- ☐ I can lift heavy objects without pain
- ☐ I can lift heavy objects, but it causes pain
- ☐ I avoid lifting heavy items from the floor, but can manage if they're raised (e.g., on a table)
- ☐ I can only lift light to medium weights if they're in easy positions
- ☐ I can lift only very light objects
- ☐ I cannot lift or carry anything

Section 4: Walking

- ☐ I can walk any distance without pain
- ☐ I can't walk more than a mile
- ☐ I can't walk more than half a mile
- ☐ I can't walk more than 100 yards
- ☐ I can only walk using a cane or crutches
- ☐ I stay in bed most of the time and must crawl when needed

Section 5: Sitting

- | | |
|--|---|
| <input type="checkbox"/> I can sit in any chair as long as I want | <input type="checkbox"/> I can't sit for more than 30 minutes |
| <input type="checkbox"/> I can sit comfortably only in my favorite chair | <input type="checkbox"/> I can't sit for more than 10 minutes |
| <input type="checkbox"/> I can't sit for more than an hour | <input type="checkbox"/> I can't sit at all |



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Section 6: Standing

- ☐ I can stand as long as I want without pain
- ☐ I can stand as long as I want, but it causes pain
- ☐ I can't stand for more than an hour
- ☐ I can't stand for more than 30 minutes
- ☐ I can't stand for more than 10 minutes
- ☐ I can't stand at all

Section 7: Sleep

- ☐ My sleep isn't affected by pain
- ☐ I occasionally wake due to pain
- ☐ Pain limits me to fewer than 6 hours of sleep
- ☐ Pain limits me to fewer than 4 hours of sleep
- ☐ Pain limits me to fewer than 2 hours of sleep
- ☐ Pain keeps me from sleeping at all

Section 8: Social Activities

- ☐ My social life is normal and pain-free
- ☐ I socialize normally, but it increases my pain
- ☐ I avoid active social activities (e.g., dancing, sports) due to pain
- ☐ I go out less often due to pain
- ☐ I mostly stay home because of pain
- ☐ I don't have a social life due to pain

Section 9: Travel

- ☐ I can travel anywhere without issue
- ☐ I can travel anywhere, but it increases my pain
- ☐ Pain makes longer travel (over 2 hours) difficult
- ☐ I can only manage short trips (under 1 hour)
- ☐ I limit travel to short, essential trips
- ☐ I can only travel for medical visits

Section 10: Work and Home Responsibilities

- | | |
|---|--|
| <input type="checkbox"/> I can work or manage the home without pain | <input type="checkbox"/> I can only do light tasks |
| <input type="checkbox"/> My tasks cause pain, but I can still do everything | <input type="checkbox"/> I can't manage even light tasks |
| <input type="checkbox"/> I can manage most tasks but must avoid heavy activities (e.g., lifting, vacuuming) | <input type="checkbox"/> I'm unable to work or handle household duties |

Additional Comments: (Optional)



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Scoring (For Provider Use Only)

Each section is scored on a scale of **0 (least disability)** to **5 (most disability)**.

Total possible score: 50 (if all 10 sections are completed).

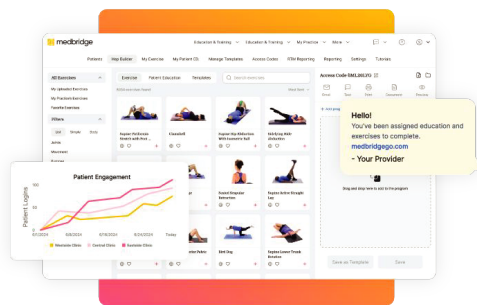
Total Score: _____ / 50

Disability Percentage: $(\text{Total Score} \div 50) \times 100 = \text{_____} \%$

If a section is skipped or marked “not applicable,” subtract **5 points** from the maximum possible score. For example, if nine sections are completed, the maximum possible score is 45.

Score Interpretation (For Provider Use Only)

- **0–20%:** Minimal disability
- **21–40%:** Moderate disability
- **41–60%:** Severe disability
- **61–80%:** Very severe disability — major limitations in daily function
- **81–100%:** Either bed-bound or symptoms may be exaggerated



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Source

Fairbank, J. C., & Pynsent, P. B. (2000). The Oswestry Disability Index. *Spine*, 25(22), 2940–2952.

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