

OSWESTRY BACK DISABILITY INDEX

Please answer by **checking one box in each section** for the statement **which best applies to you**. Although you may consider that two of the statements in any one section relate to you, please **mark the box that most closely describes your present day situation**.

Section 1 – Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is very mild at the moment.
- 2. The pain is moderate at the moment.
- 3. The pain is very severe at the moment.
- 4. The pain comes and goes and is severe.
- 5. The pain is the worst imaginable at the moment.

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

- 0. I can look after myself normally without causing extra pain.
- 1. I can look after myself normally but it is very painful.
- 2. It is painful to look after myself and I am slow and careful.
- 3. I need some help but manage most of my personal care.
- 4. I need help every day in most aspects of self care.
- 5. I do not get dressed, wash with difficulty and stay in bed.

Section 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives extra pain.
- 2. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- 3. 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.
- 4. I can lift only very light weights.
- 5. I cannot lift or carry anything at all.

Section 4 – Walking

- 0. Pain does not prevent me walking any distance.
- 1. Pain prevents me walking more than 1 mile.
- 2. Pain prevents me walking more than ½ of a mile.
- 3. Pain prevents me walking more than 100 yards.
- 4. I can only walk using a stick or crutches.
- 5. I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- 0. I can sit in any chair for as long as I like
- 1. I can sit 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 1/2 an hour.
- 4. Pain prevents me from sitting for more than 10 minutes.
- 5. Pain prevents me from sitting at all.

Section 6 – Standing

- 0. I can stand for as long as I want without extra pain.
- 1. I can stand as long as I want but it gives me extra pain.
- 2. Pain prevents me from standing for more than 1 hour.
- 3. Pain prevents me from standing for more than ½ an hour.
- 4. Pain prevents me from standing for more than 10 minutes.
- 5. Pain prevents me from standing at all.

Section 7 – Sleeping

- 0. My sleep is never disturbed by pain.
- 1. My sleep is occasionally disturbed by pain.
- 2. Because of pain I have less than 6 hours of sleep.
- 3. Because of pain I have less than 4 hours of sleep.
- 4. Because of pain I have less than 2 hours of sleep.
- 5. Pain prevents me from sleeping at all.

Section 8 – Sex Life (if applicable)

- 0. My sex life is normal and causes no extra pain.
- 1. My sex life is normal but causes some extra pain.
- 2. My sex life is nearly normal but is very painful.
- 3. My sex life is severely restricted by pain.
- 4. My sex life is nearly absent because of pain.
- 5. Pain prevents any sex life at all.

Section 9 – Social Life

- 0. My social life is normal and causes me no extra 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. e.g., sport, etc.
- 3. Pain has restricted my social life and I do not go out as often.
- 4. Pain has restricted my social life to my home.
- 5. I have no social life because of pain.

Section 10 – Travelling

- 0. I can travel anywhere without pain.
- 1. I can travel anywhere but it gives extra pain.
- 2. Pain is bad but I manage journeys over two hours.
- 3. Pain restricts me to journeys of less than one hour.
- 4. Pain restricts me to short necessary journeys of under 30 minutes.
- 5. Pain prevents me from travelling except to receive treatment.