

Back scale – Modified Oswestry Low Back Pain Disability Scale

Name _____

Date _____

Instructions: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability due to their back pain. **Circle the number that corresponds with the statement that best describes your back pain. If two or more statements apply, please circle the one that most closely describes your problem.**

1. Pain intensity

- 0 I can tolerate the pain I have without having to use pain medication.
- 1 The pain is bad, but I can manage without having to take pain meds.
- 2 Pain medication provides me with complete relief from the pain.
- 3 Pain medication provides me with moderate relief from the pain.
- 4 Pain medication provides me with little relief from the pain.
- 5 Pain medication has no effect on my pain.

2. Personal care (washing, dressing, etc.)

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

3. Lifting

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

4. Walking

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking more than ¼ mile.
- 4 I can only walk with crutches or a cane.
- 5 I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- 0 I can sit in any chair as long as I like.
- 1 I can only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting more than 1 hour
- 3 Pain prevents me from sitting more than ½ hour
- 4 Pain prevents me from sitting more than 10 minutes
- 5 Pain prevents me from sitting at all.

6. Standing

- 0 I can stand as long as I want without increased pain.
- 1 I can stand as long as I want, but it increases my pain.
- 2 Pain prevents me from standing more than 1 hour.
- 3 Pain prevents me from standing more than ½ hour.
- 4 Pain prevents me from standing more than 10 minutes.
- 5 Pain prevents me from standing at all.

7. Sleeping

- 0 Pain does not prevent me from sleeping well.
- 1 I can sleep well only my using pain medication.
- 2 Even when I take pain medication, I sleep less than 6 hours.
- 3 Even when I take pain medication, I sleep less than 4 hours.
- 4 Even when I take pain medication, I sleep less than 2 hours.
- 5 Pain prevents me from sleeping at all.

8. Social life

- 0 My social life is normal and does not increase my pain.
- 1 My social life is normal, but increases my level of pain.
- 2 Pain prevents me from participating in more energetic activities (e.g., sports, dancing, etc.).
- 3 Pain prevents me from going out very often.
- 4 Pain has restricted my social life to my home.
- 5 I have hardly any social life because of my pain.

9. Traveling

- 0 I can travel anywhere without increased pain.
- 1 I can travel anywhere, but it increases my pain.
- 2 My pain restricts my travel over 2 hours.
- 3 My pain restricts my travel over 1 hour.
- 4 My pain restricts my travel to short necessary journeys (journeys under ½ hour)
- 5 My pain prevents all travel except for visits to the physician/therapist, or hospital.

10. Employment / Homemaking

- 0 My normal homemaking/job activities do not cause pain.
- 1 My normal homemaking/job activities increase my pain, but I can still perform all this is required of me.
- 2 I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming)
- 3 Pain prevents me from doing anything other than light duties.
- 4 Pain prevents me from doing even light duties.
- 5 Pain prevents me from performing any job or homemaking chores.

-----For Admin Use Below Line -----

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Score

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