



**OSWESTRY PAIN DISABILITY QUESTIONNAIRE**

This questionnaire has been designed to give your Physician information as to how your pain has affected your ability to manage in everyday life. Please answer every section and mark only the ONE box which best applies to you at this moment.

**SECTION 1 – PAIN INTENSITY**

- I can tolerate the pain that I have without the use of medication.
- The pain is bad but I can manage without taking pain medication.
- Pain medication gives me complete relief from pain.
- Pain medication gives me moderate relief from pain.
- Pain medication gives me very little relief from pain.
- Pain medication has no effect on the pain and I don't use it.

**SECTION 2 – PERSONAL CARE (Dressing)**

- I can take care of myself normally without an increase in pain.
- I can look after myself normally, but it increases in pain.
- It is painful to take care of myself, requiring me to be slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed. I wash myself with difficulty and stay in bed.

**SECTION 3 – LIFTING**

- I can lift heavy weights without increasing my pain.
- I can lift heavy weights but it does increase pain.
- Pain prevents me from lifting heavy weights off the floor, manageable if conveniently located.
- Pain prevents me from lifting heavy objects off the floor, but I can manage light to medium weights.
- I can lift only very light weights
- I cannot lift or carry anything at all

**SECTION 4 – WALKING**

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than 1/2 a mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk using a cane or crutches.
- I am in bed most of the time.

**SECTION 5 – SITTING**

- I can sit on any chair as long as I want.
- I can only sit in my favorite chair as long as I like
- Pain prevents me sitting more than one hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

**SECTION 6- STANDING**

- I can stand as long as I like without increasing my pain
- I can stand as long as I like but it increases my pain.
- Pain prevents me from standing for more than one hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

**SECTION 7 – SLEEPING**

- Pain does not prevent me from sleeping well.
- I can sleep well only using medication.
- Even with medication, I have less than 6 hours of sleep.
- Even with medication, I have less than 4 hours of sleep.
- Even with medication, I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

**SECTION 8 – SEX LIFE**

- My sex life is normal and causes no increases in my pain.
- My sex life is normal but causes some increase in my pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by my pain.
- My sex life is nearly absent because of my pain.
- Pain prevents any sex life at all.

**SECTION 9 – SOCIAL LIFE**

- My social life is normal and does not increase my pain.
- My social life is normal but increases my pain.
- My pain has no effect on my social life apart from limiting my more energetic interests, such as dancing, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of my pain.

**SECTION 10 – TRAVELING**

- I can travel anywhere without increasing my pain.
- I can travel anywhere but it increases my pain.
- My pain is bad but I manage trips over two hours.
- My pain restricts me to journeys of less than one hour.
- My pain restricts me to short, necessary trips under 30 minutes.
- My pain prevents me traveling except to my medical appointments or to the hospital

Print Name: \_\_\_\_\_

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