

Tri-County Chiropractic, PC

OSWESTRY LOW BACK PAIN AND DISABILITY QUESTIONNAIRE

Fairbank et al (1980)

For each of the next 10 statements, place a tick or cross in the box next to the response which best reflects how you feel right now.

Part One: About pain intensity

- I can tolerate the pain I have without having to use painkillers
- The pain is bad but I can manage without painkillers
- Painkillers give complete relief from pain
- Painkillers give moderate relief from pain
- Painkillers give very little relief from pain
- Painkillers have no effect on the pain and I do not use them

Part Two About personal care (washing or dressing etc)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am 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 with difficulty and stay in bed

Part Three About lifting

- I can lift heavy objects without extra pain
- I can lift heavy objects but it gives extra pain
- I can't lift heavy objects from off the floor but off a table is OK
- I can't lift heavy objects but light to medium ones are OK
- I can only lift very light weights
- I cannot lift or carry anything at all

Part Four About Walking

- Pain does not prevent me from walking any distance
- Pain prevents me from walking more than about 2 kilometres.
- Pain prevents me from walking more than one km
- Pain prevents me from walking more than half a kilometre.
- I can only walk using a stick or crutches
- I am in bed most of the time and have to crawl to the toilet

Part Five About sitting

- I can sit in any chair as long as I like
- I can sit in my favourite chair as long as I like
- Pain prevents me from 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

Part Six About standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives extra pain
- Pain prevents me from standing for more than 1 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

Part Seven About sleeping

- Pain does not prevent me from sleeping well
- I can sleep well only by using tablets
- Even when I take tablets I have less than six hours of sleep
- Even when I take tablets I have less than four hours of sleep
- Even when I take tablets I have less than two hours of sleep
- Pain prevents me from sleeping at all

Part Eight About your sex life

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted because of pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Part Nine About your social life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- I can't participate in more energetic activities like tennis
- Pain restricts my social life and I don't go out as often
- Pain restricts my social life to my home
- I have no social life because of pain

Part Ten About travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys of less than 30 minutes
- Pain prevents me from travelling (except to my health practitioner)

Name: _____

Date: __/__/__

Score _____

Office use only

Tri-County Chiropractic, PC

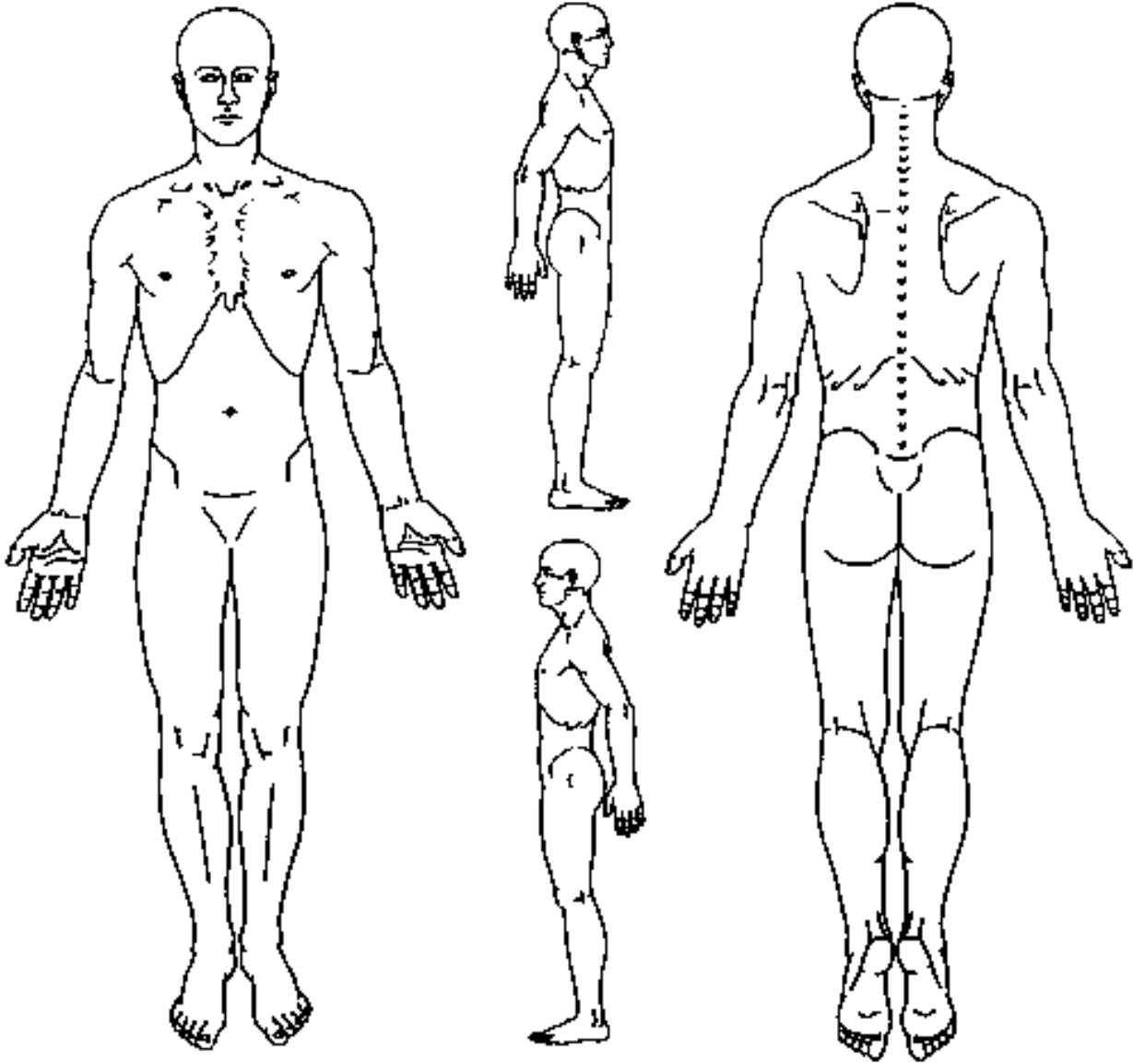
THE LOW BACK DISABILITY INDEX QUESTIONNAIRE

NAME _____

DATE _____

How long have you had back pain _____ years _____ months _____ weeks

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.



A = ACHE

B = BURNING

N = NUMBNESS

P = PINS & NEEDLES

S = STABBING

O = OTHER

OVER PLEASE ⇒