LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)		
This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which MOST CLOSELY describes your problem.		
Section 1 - Pain Intensity	Section 6 – Standing	
☐ I can tolerate the pain without having to use painkillers. ☐ The pain is bad but I can manage without taking 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.	☐ 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 more than 1 hour. ☐ Pain prevents me from standing more than 30 minutes. ☐ Pain prevents me from standing more than 10 minutes. ☐ Pain prevents me from standing at all.	
Section 2 Personal Care (Washing, Dressing, etc.)	Section 7 Sleeping	
☐ 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.	<ul> <li>□ Pain does not prevent me from sleeping well.</li> <li>□ I can sleep well only by using tablets.</li> <li>□ Even when I take tablets I have less than 6 hours sleep.</li> <li>□ Even when I take tablets I have less than 4 hours sleep.</li> <li>□ Even when I take tablets I have less than 2 hours sleep.</li> <li>□ Pain prevents me from sleeping at all.</li> </ul>	
Section 3 – Lifting	Section 8 – Social Life	
<ul> <li>☐ I can lift heavy weights without extra pain.</li> <li>☐ I can lift heavy weights but it gives extra pain.</li> <li>☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.</li> <li>☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li>☐ I can lift very light weights.</li> <li>☐ I cannot lift or carry anything at all.</li> </ul>	<ul> <li>My social life is normal and gives me no extra pain.</li> <li>My social life is normal but increases the degree of pain.</li> <li>Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing.</li> <li>Pain has restricted my social life and I do not go out as often.</li> <li>Pain has restricted my social life to my home.</li> <li>I have no social life because of pain.</li> </ul> Section 9 – Traveling	
Section 4 – Walking	☐ I can travel anywhere without extra pain.	
□ 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 one-half mile. □ Pain prevents me from walking more than one-quarter mile □ I can only walk using a stick or crutches. □ I am in bed most of the time and have to crawl to the toilet.	<ul> <li>☐ I can travel anywhere but it gives me extra pain.</li> <li>☐ Pain is bad but I manage journeys over 2 hours.</li> <li>☐ Pain is bad but I manage journeys less than 1 hour.</li> <li>☐ Pain restricts me to short necessary journeys under 30 minutes.</li> <li>☐ Pain prevents me from traveling except to the doctor or hospital.</li> </ul>	
Section 5 Sitting	Section 10 – Changing Degree of Pain	
☐ I can sit in any chair as long as I like ☐ I can only sit in my favorite 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 almost all the time.	<ul> <li>My pain is rapidly getting better.</li> <li>My pain fluctuates but overall is definitely getting better.</li> <li>My pain seems to be getting better but improvement is slow at the present.</li> <li>My pain is neither getting better nor worse.</li> <li>My pain is gradually worsening.</li> </ul>	

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered significant activities of daily

living disability.

(Score\_\_\_ x 2) / (\_\_\_Sections x 10) = \_

Number\_\_\_\_\_Date\_\_\_\_

Patient's Name\_

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204

☐ My pain is rapidly worsening.

Comments\_

%ADL

## LOW BACK PAIN DISABILITY QUESTIONNAIRE (ROLAND-MORRIS)

Name	Number	Date
		SCORE:
When your back hurts, you may find it difficult to do s Mark only the sentences that describe you today.	some of the things you	normally do.
☐ I stay at home most of the time because of my	y back.	
☐ I change position frequently to try and get my	/ back comfortable.	
$\hfill \square$ I walk more slowly than usual because of my	back.	
☐ Because of my back, I am not doing any jobs	that I usually do arou	and the house.
☐ Because of my back, I use a handrail to get up	ostairs.	
☐ Because of my back, I lie down to rest more of	ften.	
☐ Because of my back, I have to hold on to some	ething to get out of a	n easy chair.
☐ Because of my back, I try to get other people t	to do things for me.	
$\square$ I get dressed more slowly than usual because	of my back.	
$\square$ I stand up only for short periods of time becau	use of my back.	
☐ Because of my back, I try not to bend or kneel	down.	
$\square$ I find it difficult to get out of a chair because o	of my back.	
$\square$ My back is painful almost all of the time.		
$\hfill \square$ I find it difficult to turn over in bed because of	my back.	
☐ My appetite is not very good because of my ba	ack pain.	
$\square$ I have trouble putting on my socks (or stocking	ıgs) because of pain i	n my back.
☐ I sleep less well because of my back.		
$\square$ Because of back pain, I get dressed with help	from someone else.	
$\square$ I sit down for most of the day because of my b	oack.	
$\hfill\square$ I avoid heavy jobs around the house because	of my back.	
$\hfill\square$ Because of back pain, I am more irritable and	bad tempered with pe	eople than usual.
☐ Because of my back pain, I go upstairs more s	slowly than usual.	
☐ I stay in bed most of the time because of my b	ack.	