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NAME:	Score:	/50
Date:		
OSWESTRY DISABILITY QUESTIONNAIL		
Instructions: this questionnaire has been designed to give us information affected your ability to manage everyday life. Please answer every sectionly the ONE box which applies to you at this time. We realize you may statements in any section may relate to you, but please mark the box whyour current condition.	on and mark consider 2 o	in each section of the
 PAIN INTENSITY I can tolerate the pain I have without having to use pain killers The pain is bad but I manage without taking pain killers Pain killers give complete relief from pain Pain killers give moderate relief from pain Pain killers give very little relief from pain Pain killers have no effect on the pain and I do not use them 		
2. PERSONAL CARE (e.g. Washing, Dressing) ☐ 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 don't get dressed, I wash with difficulty and stay in bed		
3. LIFTING ☐ I can lift heavy weights without extra pain ☐ I can lift heavy weights but it gives extra pain ☐ Pain prevents me from lifting heavy weights off the floor, but I can me conveniently positioned, i.e. on a table ☐ Pain prevents me from lifting heavy weights, but I can manage light to if they are conveniently positioned I can lift very light weights ☐ I cannot lift or carry anything at all		
4. WALKING □ Pain does not prevent me walking any distance □ Pain prevents me walking more than one mile □ Pain prevents me walking more than ½ mile □ Pain prevents me walking more than ¼ 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		
5. SITTING ☐ 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 ½ hour ☐ Pain prevents me from sitting more than 10 minutes ☐ Pain prevents me from sitting at all		