



## MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE<sup>1</sup>

### **Section 1: To be completed by patient**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of days of back pain: \_\_\_\_\_ (this episode)

### **Section 2: To be completed by patient**

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in every day life. Please answer every question by placing a mark on the line that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but **please mark only the line which most closely describes your current condition.**

#### **Pain Intensity**

- \_\_\_\_\_ The pain is mild and comes and goes.
- \_\_\_\_\_ The pain is mild and does not vary much.
- \_\_\_\_\_ The pain is moderate and comes and goes.
- \_\_\_\_\_ The pain is moderate and does not vary much.
- \_\_\_\_\_ The pain is severe and comes and goes.
- \_\_\_\_\_ The pain is severe and does not vary much.

#### **Personal Care (Washing, Dressing, etc.)**

- \_\_\_\_\_ I do not have to change the way I wash and dress myself to avoid pain.
- \_\_\_\_\_ I do not normally change the way I wash or dress myself even though it causes some pain.
- \_\_\_\_\_ Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- \_\_\_\_\_ Washing and dressing increases my pain, and I find it necessary to change the way I do it.
- \_\_\_\_\_ Because of my pain I am partially unable to wash and dress without help.
- \_\_\_\_\_ Because of my pain I am completely unable to wash or dress without help.

#### **Lifting**

- \_\_\_\_\_ I can lift heavy weights without increased pain.
- \_\_\_\_\_ I can lift heavy weights but it causes increased pain
- \_\_\_\_\_ Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
- \_\_\_\_\_ Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- \_\_\_\_\_ I can lift only very lightweights.
- \_\_\_\_\_ I cannot lift or carry anything at all.

#### **Walking**

- \_\_\_\_\_ I have no pain when walking.
- \_\_\_\_\_ I have pain when walking, but I can still walk my required normal distances.
- \_\_\_\_\_ Pain prevents me from walking long distances.
- \_\_\_\_\_ Pain prevents me from walking intermediate distances.
- \_\_\_\_\_ Pain prevents me from walking even short distances.
- \_\_\_\_\_ Pain prevents me from walking at all.

#### **Sitting**

- \_\_\_\_\_ Sitting does not cause me any pain.
- \_\_\_\_\_ I can only sit as long as I like providing that I have my choice of seating surfaces.
- \_\_\_\_\_ Pain prevents me from sitting for more than 1 hour.
- \_\_\_\_\_ Pain prevents me from sitting for more than 1/2 hour.
- \_\_\_\_\_ Pain prevents me from sitting for more than 10 minutes.
- \_\_\_\_\_ Pain prevents me from sitting at all.



## Fear-Avoidance Beliefs Questionnaire (FABQ)

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Medical Record # \_\_\_\_\_

For each statement please circle and number from 0 to 6 to say how much physical activities such as bending lifting walking or driving affect or would affect *your* back pain.

	Completely Disagree		Unsure			Completely Agree	
1. My pain was caused by physical activity	0	1	2	3	4	5	6
2. Physical activity makes my pain worse	0	1	2	3	4	5	6
3. Physical activity might harm my back	0	1	2	3	4	5	6
4. I should not do physical activities which (might) make my pain worse	0	1	2	3	4	5	6
5. I cannot do physical activities which (might) make my pain worse	0	1	2	3	4	5	6

The following statements are about how your normal work affects or would affect your back pain.

	Completely Disagree		Unsure			Completely Agree	
6. My pain was caused by work or by an accident at work	0	1	2	3	4	5	6
7. My work aggravated my pain	0	1	2	3	4	5	6
8. I have a claim for compensation for my pain	0	1	2	3	4	5	6
9. My work is too heavy for me	0	1	2	3	4	5	6
10. My work makes or would make my pain worse	0	1	2	3	4	5	6
11. My work might harm my back	0	1	2	3	4	5	6
12. I should not do my normal work with my present pain	0	1	2	3	4	5	6
13. I cannot do my normal work with my present pain	0	1	2	3	4	5	6
14. I cannot do my normal work till my pain is treated	0	1	2	3	4	5	6
15. I do not think that I will be back to my normal work within 3 months	0	1	2	3	4	5	6
16. I do not think that I will ever be able to go back to that work	0	1	2	3	4	5	6

Physical Activity Total (2, 3, 4, 5): \_\_\_\_\_ /24

Work Subscale Total (6, 7, 9, 10, 11,12,15): \_\_\_\_\_ /42

Please use the diagram below to indicate where you feel symptoms right now, using the key to Indicate the different type of symptoms:

**KEY:**  
**00000** = Pins & Needles  
**/////** = Stabbing  
**XXXX** = Burning  
**ZZZZ** = Deep Ache

