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Oswestry Low Back Pain Disability Questionnaire

Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **ONE** box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just check the box that indicates the statement which most clearly describes your problem.

Section 1 – Pain Intensity	Section 2 Personal Care (washing, dressing, etc)
<input type="checkbox"/> I have no pain at the moment	<input type="checkbox"/> I can look after myself normally without causing extra pain
<input type="checkbox"/> The pain is very mild at the moment	<input type="checkbox"/> I can look after myself normally but it causes extra pain
<input type="checkbox"/> The pain is moderate at the moment	<input type="checkbox"/> It is painful to look after myself and I am slow and careful
<input type="checkbox"/> The pain is fairly severe at the moment	<input type="checkbox"/> I need some help but manage most of my personal care
<input type="checkbox"/> The pain is very severe at the moment	<input type="checkbox"/> I need help every day in most aspects of self-care
<input type="checkbox"/> The pain is the worst imaginable at the moment	<input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed

Section 3 – Lifting	Section 4 - Walking
<input type="checkbox"/> I can lift heavy weights without extra pain	<input type="checkbox"/> Pain does not prevent me walking any distance
<input type="checkbox"/> I can lift heavy weights but it gives extra pain	<input type="checkbox"/> Pain prevents me from walking more than 1.2 miles
<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed; ex: on a table	<input type="checkbox"/> Pain prevents me from walking more than .6 of a mile
<input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned	<input type="checkbox"/> Pain prevents me from walking more than .31 miles
<input type="checkbox"/> I can lift very light weights	<input type="checkbox"/> I can only walk using a stick or crutches

<input type="checkbox"/> I cannot lift or carry anything at all	<input type="checkbox"/> I am in bed most of the time
Section 5 – Sitting	Section 6 - Standing
<input type="checkbox"/> I can sit in any chair as long as I like	<input type="checkbox"/> I can stand as long as I want without extra pain
<input type="checkbox"/> I can only sit in my favorite chair as long as I like	<input type="checkbox"/> I can stand as long as I want but it gives me extra pain
<input type="checkbox"/> Pain prevents me sitting more than one hour	<input type="checkbox"/> Pain prevents me from standing for more than 1 hour
<input type="checkbox"/> Pain prevents me from sitting more than 30 minutes	<input type="checkbox"/> Pain prevents me from standing for more than 3 minutes
<input type="checkbox"/> Pain prevents me from sitting more than 10 minutes	<input type="checkbox"/> Pain prevents me from standing for more than 10 minutes
<input type="checkbox"/> Pain prevents me from sitting at all	<input type="checkbox"/> Pain prevents me from standing at all

Section 7 – Sleeping	Section 8 – Sex Life (if applicable)
<input type="checkbox"/> My sleep is never disturbed by pain	<input type="checkbox"/> My sex life is normal and causes no extra pain
<input type="checkbox"/> My sleep is occasionally disturbed by pain	<input type="checkbox"/> My sex life is normal but causes some extra pain
<input type="checkbox"/> Because of pain I have less than 6 hours sleep	<input type="checkbox"/> My sex life is nearly normal but is very painful
<input type="checkbox"/> Because of pain I have less than 4 hours sleep	<input type="checkbox"/> My sex life is severely restricted by pain
<input type="checkbox"/> Because of pain I have less than 2 hours sleep	<input type="checkbox"/> My sex life is nearly absent because of pain
<input type="checkbox"/> Pain prevents me from sleeping at all	<input type="checkbox"/> Pain prevents any sex life at all

Section 9 – Social Life	Section 10 - Travelling
<input type="checkbox"/> My social life is normal and gives me no extra pain	<input type="checkbox"/> I can travel anywhere without pain
<input type="checkbox"/> My social life is normal but increases the degree of pain	<input type="checkbox"/> I can travel anywhere but it gives me extra pain
<input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, ex: sports	<input type="checkbox"/> Pain is bad but I manage journeys over 2 hours
<input type="checkbox"/> Pain has restricted my social life and I do not go out as often	<input type="checkbox"/> Pain restricts me to journeys of less than 1 hour
<input type="checkbox"/> Pain has restricted my social life to my home	<input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes
<input type="checkbox"/> I have no social life because of pain	<input type="checkbox"/> Pain prevents me from travelling except to receive treatment