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Revised Oswestry Pain Disability Questionnaire

Patient Name: _____ Date of birth: ___/___/_____ Date: ___/___/_____

Please Read:

This questionnaire has been designed to give your doctor/therapist information as to how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the **one** box that best describes your condition today.

We realize you may feel that two of the statements in any one section relate to you, but please just mark the box which most closely describes your current condition

<p style="text-align: center;">Section 1 – Pain Intensity</p> <p><input type="checkbox"/> I can tolerate the pain I have without having to use pain medication.</p> <p><input type="checkbox"/> The pain is bad but I manage without having to take pain medication.</p> <p><input type="checkbox"/> Pain medication provides me complete relief from pain.</p> <p><input type="checkbox"/> Pain medication provides me moderate relief from pain.</p> <p><input type="checkbox"/> Pain medication provides me little relief from pain.</p> <p><input type="checkbox"/> Pain medication has no effect on the pain</p>	<p style="text-align: center;">Section 6 – Standing</p> <p><input type="checkbox"/> I can stand as long as I want without increased pain.</p> <p><input type="checkbox"/> I can stand as long as I want but increases my pain.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 10 mins.</p> <p><input type="checkbox"/> Pain prevents me from standing at all.</p>
<p style="text-align: center;">Section 2 – Personal Care (Washing, Dressing, etc.)</p> <p><input type="checkbox"/> I can take care of myself normally without causing increased pain.</p> <p><input type="checkbox"/> I can take care of myself normally but it increases my pain.</p> <p><input type="checkbox"/> It is painful to take care of myself and I am slow and careful.</p> <p><input type="checkbox"/> I need help but I am able to manage most of my personal care.</p> <p><input type="checkbox"/> I need help every day in most aspects of my care.</p> <p><input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.</p>	<p style="text-align: center;">Section 7 – Sleeping</p> <p><input type="checkbox"/> Pain does not prevent me from sleeping well.</p> <p><input type="checkbox"/> I can sleep well only by using pain medication.</p> <p><input type="checkbox"/> Even when I take pain medication, I sleep less than 6 hours.</p> <p><input type="checkbox"/> Even when I take pain medication, I sleep less than 4 hours.</p> <p><input type="checkbox"/> Even when I take pain medication, I sleep less than 2 hours.</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all</p>
<p style="text-align: center;">Section 3 – Lifting</p> <p><input type="checkbox"/> I can lift heavy weights without increased pain.</p> <p><input type="checkbox"/> I can lift heavy weights but it causes increased pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if weights are conveniently positioned, e.g. on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can lift only very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p style="text-align: center;">Section 8 – Social Life</p> <p><input type="checkbox"/> My social life is normal and does not increase my pain.</p> <p><input type="checkbox"/> My social life is normal, but it increases my level of pain.</p> <p><input type="checkbox"/> Pain prevents me from participating in more energetic activities (ex sports, dancing, etc.</p> <p><input type="checkbox"/> Pain prevents me from going out very often.</p> <p><input type="checkbox"/> Pain has restricted my social life to my home.</p> <p><input type="checkbox"/> I have hardly any social life because of my pain.</p>
<p style="text-align: center;">Section 4 – Walking</p> <p><input type="checkbox"/> Pain does not prevent me walking any distance.</p> <p><input type="checkbox"/> Pain prevents me walking more than 1 mile.</p> <p><input type="checkbox"/> Pain prevents me walking more than ½ mile</p> <p><input type="checkbox"/> Pain prevents me walking more than ¼ mile</p> <p><input type="checkbox"/> I can only walk using crutches or a cane.</p> <p><input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.</p>	<p style="text-align: center;">Section 9 – Traveling</p> <p><input type="checkbox"/> I can travel anywhere without increased pain.</p> <p><input type="checkbox"/> I can travel anywhere but it increases my pain.</p> <p><input type="checkbox"/> Pain restricts travel over 2 hours.</p> <p><input type="checkbox"/> Pain restricts travel over 1 hour.</p> <p><input type="checkbox"/> Pain restricts my travel to short necessary journeys under ½ hour.</p> <p><input type="checkbox"/> Pain prevents all travel except for visits to the doctor/therapist or hospital.</p>
<p style="text-align: center;">Section 5 – Sitting</p> <p><input type="checkbox"/> I can sit in any chair as long as I like.</p> <p><input type="checkbox"/> I can only sit in my favorite chair as long as I like.</p> <p><input type="checkbox"/> Pain prevents me sitting more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 10 mins.</p> <p><input type="checkbox"/> Pain prevents me from sitting at all.</p>	<p style="text-align: center;">Section 10 – Employment/Homemaking</p> <p><input type="checkbox"/> My normal homemaking/job activities do not cause pain.</p> <p><input type="checkbox"/> My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.</p> <p><input type="checkbox"/> I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex. Lifting, vacuuming).</p> <p><input type="checkbox"/> Pain prevents me from doing anything but light duties.</p> <p><input type="checkbox"/> Pain prevents me from doing even light duties.</p> <p><input type="checkbox"/> Pain prevents me from performing any job/homemaking chores.</p>

Score (filled out by doctor/clinician) : _____%