

Blackfoot Physical Therapy **Low back pain disability questionnaire**

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by **circling the number** that best describes your condition **today**. We realize you may feel that 2 of the statements may describe your condition, but **please mark only the box that most closely describes your current condition**. Thank you

Date: _____

Score: _____ Pre / Post treatment

Pain Intensity

- 0 I can tolerate the pain I have without having to use pain medication.
- 1 The pain is bad, but I can manage without having to take medication.
- 2 Pain medication provides me with complete relief from pain.
- 3 Pain medication provides me with moderate relief from pain.
- 4 Pain medication provides me with little relief from pain.
- 5 Pain medication has no effect on my pain.

Personal Care (washing, dressing, etc)

- 0 I can take care of myself normally without causing increased pain.
- 1 I can take care of myself normally, but it increases my pain.
- 2 It is painful to take care of myself, and I am slow and careful.
- 3 I need help, but I am able to manage most of my personal care.
- 4 I need help every day in most aspects of my care.
- 5 I do not get dressed, wash with difficulty and stay in bed.

Lifting

- 0 I can lift heavy weights without increased pain.
- 1 I can lift heavy weights, but it causes increased pain.
- 2 Pain prevents me from lifting heavy objects off the floor, but I can manage if the weights are conveniently positioned (on a table)
- 3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can lift only very light weights.
- 5 I can not lift or carry anything at all.

Walking

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking more than a ½ mile.
- 3 Pain prevents me from walking more than a ¼ mile.
- 4 I can only walk with crutches or a cane.
- 5 I am in bed most of the time and have to crawl to the toilet.

Sitting

- 0 I can sit in any chair as long as I like.
- 1 I can only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting for more than 1 hour.
- 3 Pain prevents me from sitting for more than a ½ hour.
- 4 Pain prevents me from sitting for more than 10 minutes.
- 5 Pain prevents me from sitting at all.

Standing

- 0 I can stand as long as I want without increased pain.
- 1 I can stand as long as I want, but it increases my pain
- 2 Pain prevents me from standing more than 1 hour.
- 3 Pain prevents me from standing more than a ½ hour.
- 4 Pain prevents me from standing more than 10 minutes.
- 5 Pain prevents me from standing at all.

Sleeping

- 0 Pain does not prevent me from sleeping well.
- 1 I can sleep well only by using pain medication.
- 2 When I take pain medication, I sleep less than 6 hours.
- 3 When I take pain medication, I sleep less than 4 hours.
- 4 When I take pain medication, I sleep less than 2 hours.
- 5 Pain prevents me from sleeping well.

Social Life

- 0 My social life is normal and does not increase my pain.
- 1 My social life is normal, but it increases my level of pain.
- 2 Pain prevents me from participating in more energetic activities such as sports or dancing.
- 3 Pain prevents me from going out very often.
- 4 Pain has restricted my social life to my home.
- 5 I have hardly any social life because of my pain.

Traveling

- 0 I can travel anywhere without increased pain.
- 1 I can travel anywhere, but it increases my pain.
- 2 My pain restricts my travel of more than 2 hours.
- 3 My pain restricts my travel of more than 1 hour.
- 4 My pain restricts my travel to short necessary trips under ½ hour.
- 5 My pain prevents all travel except for visits to the physician, therapist or hospital.

Employment / Homemaking

- 0 My normal homemaking/job activities do not cause pain.
- 1 My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- 2 I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (lifting, vacuuming, etc)
- 3 Pain prevents me from doing anything but light duties.
- 4 Pain prevents me from doing even light duties.
- 5 Pain prevents me from performing any homemaking or job activities.

*Modified Oswestry Low Back Disability Questionnaire

Patient: _____

Account Number: _____