

Modified Oswestry Disability Scale – Initial Visit

Please rate your pain level with activity:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
No Pain = 0 1 2 3 4 5 6 7 8 9 10 = Very Severe Pain

1) Pain intensity

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

2) Personal care (e.g., washing, dressing)

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

3) 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 the floor, but I can manage if the weights are conveniently positioned.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

4) Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ Pain prevents me from walking more than 100 yards
- ☐ I can only walk with crutches or a cane.
- ☐ I am in bed most of the time and I have to crawl to the toilet.

Continued on next page...

Office Use Only



OSWESTRY LOW BACK EVALUATION FORM

NAME _____

S.O.C. _____ REF MD _____

5) Sitting

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

6) Standing

- ☐ I can stand as long as I want without increased pain.
- ☐ I can stand as long as I want, but it increases my pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than ½ an hour.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

7) Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using pain medication.
- ☐ Even when I take pain medication, I sleep less than 6 hours.
- ☐ Even when I take pain medication, I sleep less than 4 hours.
- ☐ Even when I take pain medication, I sleep less than 2 hours.
- ☐ Pain prevents me from sleeping at all.

8) Social life

- ☐ My social life is normal and does not increase my pain.
- ☐ My social life is normal, but it increases my level of pain.
- ☐ Pain prevents me from participating in more energetic activities (e.g., sports, dancing)
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of my pain.

9) Traveling

- ☐ I can travel anywhere without increased pain.
- ☐ I can travel anywhere, but it increases my pain.
- ☐ My pain restricts my travel over 2 hours.
- ☐ My pain restricts my travel over 1 hour.
- ☐ My pain restricts my travel to short necessary journeys under ½ hour.
- ☐ My pain prevents all travel except for visits to the physician/therapist or hospital.

10) Employment / Homemaking

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