

OSWESTRY (revised) - BACK DISABILITY INDEX

Please Read: This questionnaire is designed to enable us to understand how much your **back** has affected your ability to manage everyday activities. Please answer each Section by selecting the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **Please just fill in the circle for the one choice which closely describes your problem right now.**

SECTION 1--Pain Intensity

0. The pain comes and goes and is very mild.
1. The pain is mild and does not vary much.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain comes and goes and is severe.
5. The pain is severe and does not vary much.

SECTION 2--Personal Care

0. I would not have to change my way of washing or dressing in order to avoid pain.
1. I do not normally change my way of washing or dressing even though it causes some pain.
2. Washing and dressing increase the pain, but I manage not to change my way of doing it.
3. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
4. Because of the pain, I am unable to do some washing and dressing without help.
5. Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3--Lifting

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights, but it causes extra pain.
2. Pain prevents me from lifting heavy weights off the floor.
3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table..
4. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
5. I can only lift very light weights, at the most.

SECTION 4 --Walking

0. I have no pain on walking.
1. I have some pain with walking but it does not increase with distance.
2. I cannot walk more than one mile without increasing pain.
3. I cannot walk more than 1/2 mile without increasing pain.
4. I cannot walk more than 1/4 mile without increasing pain.
5. I cannot walk at all without increasing pain.

SECTION 5--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 more than one hour.
3. Pain prevents me from sitting more than 1/2 hour.
4. Pain prevents me from sitting more than 10 minutes.
5. I avoid sitting because it increases pain right away.

SECTION 6 -- Standing

0. I can stand as long as I want without pain
1. I have some pain while standing, but it does not increase with time.
2. I cannot stand for longer than 1 hour without increasing pain.
3. I cannot stand for longer than 1/2 hour without increasing pain.
4. I can't stand for more than 10 minutes without increasing pain.
5. I avoid standing because it increases pain right away.

SECTION 7--Sleeping

0. I get no pain in bed.
1. I get pain in bed, but it does not prevent me from sleeping.
2. Because of pain, my normal night's sleep is reduced by less than 1/4.
3. Because of pain, my normal night's sleep is reduced by less than 1/2.
4. Because of pain, my normal night's sleep is reduced by less than 3/4.
5. Pain prevents me from sleeping at all.

SECTION 8--Social Life

0. My social life is normal and gives me no pain.
1. My social life is normal, but increases the degree of my pain.
2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I have hardly any social life because of the pain.

SECTION 9--Traveling

0. I get no pain while traveling.
1. I get some pain while traveling, but none of my usual forms of travel makes it any worse.
2. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
3. I get extra pain while traveling which compels me to seek alternative forms of travel.
4. Pain restricts all forms of travel.
5. Pain prevents all forms of travel except those done lying down.

SECTION 10--Changing Degree of Pain

0. My pain is rapidly getting better.
1. My pain fluctuates, but overall is definitely getting better.
2. My pain seems to be getting better, but improvement is slow at present.
3. My pain is neither getting better nor worse.
4. My pain is gradually worsening.
5. My pain is rapidly worsening

Disability Index Score: _____ %

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb Problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	2	3	4
2	Your usual hobbies, re creational or sporting activities.	0	1	2	3	4
3	Getting into or out of the bath.	0	1	2	3	4
4	Walking between rooms.	0	1	2	3	4
5	Putting on your shoes or socks.	0	1	2	3	4
6	Squatting.	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8	Performing light activities around your home.	0	1	2	3	4
9	Performing heavy activities around your home.	0	1	2	3	4
10	Getting into or out of a car.	0	1	2	3	4
11	Walking 2 blocks.	0	1	2	3	4
12	Walking a mile.	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14	Standing for 1 hour.	0	1	2	3	4
15	Sitting for 1 hour.	0	1	2	3	4
16	Running on even ground.	0	1	2	3	4
17	Running on uneven ground.	0	1	2	3	4
18	Making sharp turns while running fast.	0	1	2	3	4
19	Hopping.	0	1	2	3	4
20	Rolling over in bed.	0	1	2	3	4
	Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: ____ / 80

Please submit the sum of responses.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.



SPORT & SPINE REHAB

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Work Better, Play Harder

Fear Avoidance Beliefs Questionnaire (Physical Activity)

Here are some of the things other patients have told us about their pain. For each statement please mark the number from 0-6 to indicate how much physical activities such as bending, lifting, walking or driving affect or would affect your back pain.

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

FABQ(PA) Score: _____ Greater than 19 Less than 12 (For * questions only)

Fear Avoidance Beliefs Questionnaire (Work)

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

	Completely Disagree			Unsure			Completely Agree	
*My pain was caused by my work or by an accident at work	0	1	2	3	4	5	6	
*My work aggravated my pain	0	1	2	3	4	5	6	
I have a claim for compensation for my pain	0	1	2	3	4	5	6	
*My work is too heavy for me	0	1	2	3	4	5	6	
*My work makes or would make my pain worse	0	1	2	3	4	5	6	
*My work might harm my back	0	1	2	3	4	5	6	
*I should not do my regular work with my present pain	0	1	2	3	4	5	6	
I cannot do my normal work with my present pain	0	1	2	3	4	5	6	
I cannot do my normal work until my pain is treated	0	1	2	3	4	5	6	
*I do not think that I will be back to my normal work within 3 months	0	1	2	3	4	5	6	
I do not think that I will ever be able to go back to work	0	1	2	3	4	5	6	

FABQ(W) Score: _____ Greater than 34 Less than 19 (For * questions only)

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