

# ADVANCE PHYSICAL THERAPY

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Name \_\_\_\_\_ Date \_\_\_\_\_

## Revised Oswestry Low Back Disability Index

The purpose of this questionnaire is to give the Physical Therapist information as to how much your low back pain has affected your ability to manage your everyday activities.

Please answer by choosing the ONE answer which most CLOSELY applies to you.

Section 1 – PAIN INTENSITY

Section 6 – SITTING

Section 2 – PERSONAL CARE  
(washing, dressing, etc.)

Section 7 – SLEEPING

Section 3 – LIFTING

Section 8 – SOCIAL LIFE

Section 4 – WALKING

Section 9 – TRAVELING

Section 5 – SITTING

Section 10  
CHANGING DEGREE OF PAIN

Staff Use: \_\_\_\_\_ / 50 = \_\_\_\_\_ x 100 = \_\_\_\_\_ % Disability

Using this system, a score of 10-28% (i.e., 5-14 points) is considered by the authors to constitute mild disability; 30-48% is moderate; 50-68% is severe; 72% or more is complete.