

Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking one box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
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- I can lift heavy weights but it gives me extra pain
- Pai

n prevents me lifting heavy weights off the floor but I
can manage if they are conveniently placed eg. on a table



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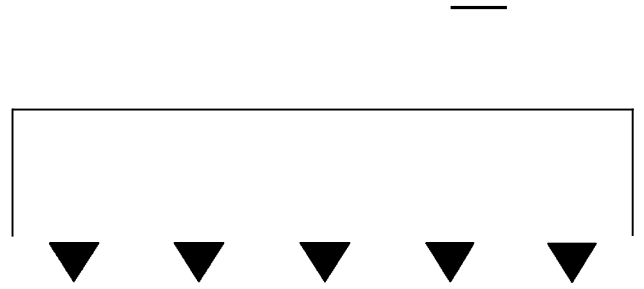
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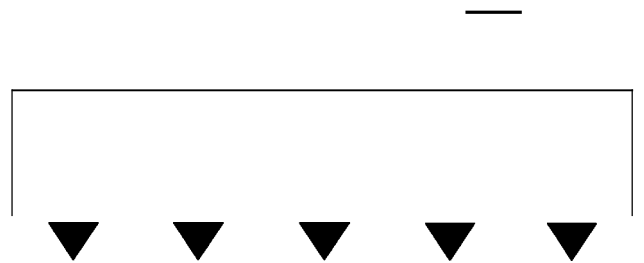
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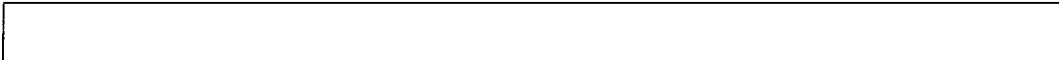
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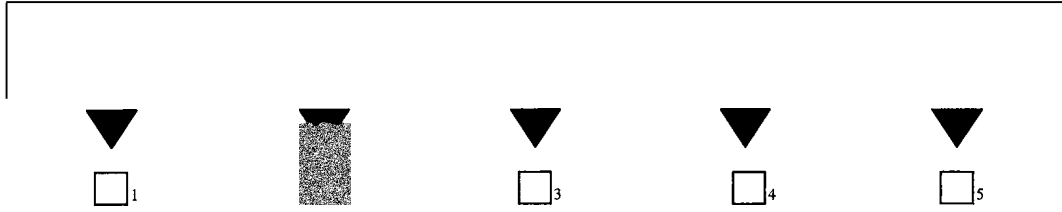


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BACK/LEG PAIN ASSESSMENT TOOL

Please take a moment to review the scales shown below and select appropriately. Note: the left scale relates to back pain and the right scale relates to leg pain.

- I do NOT have either back or leg pain
- I have back and/or leg pain

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Part 2. Please select one:

- Back pain: 0%; Leg Pain: 100%
- Back pain: 10%; Leg Pain: 90%
- Back pain: 25%; Leg Pain: 75%
- Back pain: 50%; Leg Pain: 50%
- Back pain: 75%; Leg Pain: 25%
- Back pain: 90%; Leg Pain: 10%
- Back pain: 100%; Leg Pain: 0%

BACKPAIN

back pain

NECK/ARM PAIN ASSESSMENT TOOL



PLEASE COMPLETE FOR NECK PAIN ONLY

PLEASE COMPLETE FOR NECK PAIN ONLY

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