

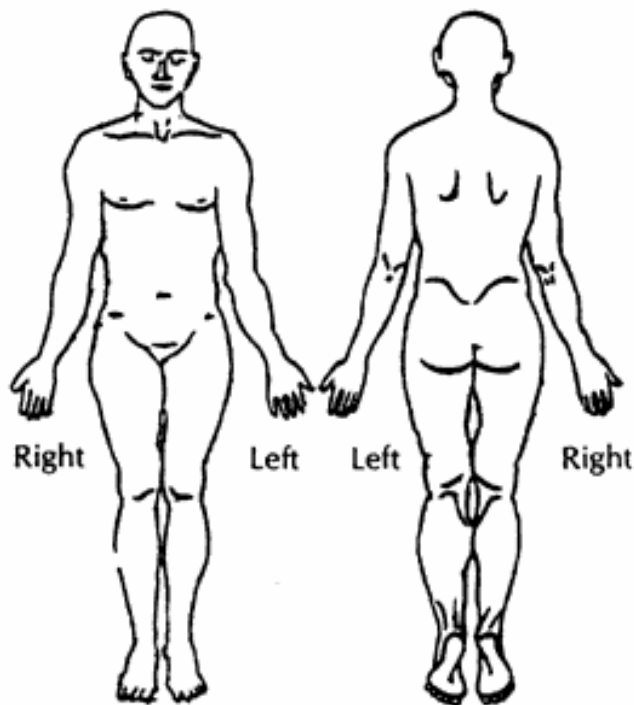


Penn Medicine
Princeton Medical Center

Low Back Pain

Today's Date _____

Please indicate where you have pain by drawing the letter abbreviations in the locations that most accurately reflect your type of discomfort.



Tingling=T Dull Pain=D Sharp Pain=P Burning=B Stiffness=S
Numbness=N

Please complete questionnaire on the other side→

Modified Oswestry Low Back Disability Questionnaire

Please read each statement and mark the box that best describes your condition today.

Pain Intensity <input type="checkbox"/> The pain is mild and comes and goes. <input type="checkbox"/> The pain is mild and does not vary much. <input type="checkbox"/> The pain is moderate and comes and goes. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain is severe and comes and goes. <input type="checkbox"/> The pain is severe and does not vary much.	Personal Care (Washing, Dressing, etc.) <input type="checkbox"/> I do not have to change the way I wash and dress myself to avoid pain. <input type="checkbox"/> I do not normally change the way I wash or dress myself even though it causes some pain. <input type="checkbox"/> Washing and dressing increases my pain, but I can do it without changing my way of doing it. <input type="checkbox"/> Washing and dressing increases my pain, and I find it necessary to change the way I do it. <input type="checkbox"/> Because of my pain I am partially unable to wash and dress without help. <input type="checkbox"/> Because of my pain I am completely unable to wash or dress without help.
Lifting <input type="checkbox"/> I can lift heavy weights without increased pain. <input type="checkbox"/> I can lift heavy weights but it causes increased pain <input type="checkbox"/> Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.). <input type="checkbox"/> Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift only very light weights. <input type="checkbox"/> I can not lift or carry anything at all.	Walking <input type="checkbox"/> I have no pain when walking. <input type="checkbox"/> I have pain when walking, but I can still walk my required normal distances. <input type="checkbox"/> Pain prevents me from walking long distances. <input type="checkbox"/> Pain prevents me from walking intermediate distances. <input type="checkbox"/> Pain prevents me from walking even short distances. <input type="checkbox"/> Pain prevents me from walking at all.
Sitting <input type="checkbox"/> Sitting does not cause me any pain. <input type="checkbox"/> I can only sit as long as I like providing that I have my choice of seating surfaces. <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting for more than 1/2 hour. <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all.	Standing <input type="checkbox"/> I can stand as long as I want without increased pain. <input type="checkbox"/> I can stand as long as I want but my pain increases with time. <input type="checkbox"/> Pain prevents me from standing more than 1 hour. <input type="checkbox"/> Pain prevents me from standing more than 1/2 hour. <input type="checkbox"/> Pain prevents me from standing more than 10 minutes. <input type="checkbox"/> I avoid standing because it increases my pain right away.
Sleeping <input type="checkbox"/> I get no pain when I am in bed. <input type="checkbox"/> I get pain in bed, but it does not prevent me from sleeping well. <input type="checkbox"/> Because of my pain, my sleep is only 3/4 of my normal amount. <input type="checkbox"/> Because of my pain, my sleep is only 1/2 of my normal amount. <input type="checkbox"/> Because of my pain, my sleep is only 1/4 of my normal amount. <input type="checkbox"/> Pain prevents me from sleeping at all.	Social Life <input type="checkbox"/> My social life is normal and does not increase my pain. <input type="checkbox"/> My social life is normal, but it increases my level of pain. <input type="checkbox"/> Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.) <input type="checkbox"/> Pain prevents me from going out very often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of my pain.
Traveling <input type="checkbox"/> I get no increased pain when traveling. <input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel make it any worse. <input type="checkbox"/> I get increased pain while traveling, but it does not cause me to seek alternative forms of travel. <input type="checkbox"/> I get increased pain while traveling which causes me to seek alternative forms of travel. <input type="checkbox"/> My pain restricts all forms of travel except that which is done while I am lying down. <input type="checkbox"/> My pain restricts all forms of travel.	Employment/Homemaking <input type="checkbox"/> My normal job/homemaking activities do not cause pain. <input type="checkbox"/> My normal job/homemaking activities increase my pain, but I can still perform all that is required of me. <input type="checkbox"/> I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming) <input type="checkbox"/> Pain prevents me from doing anything but light duties. <input type="checkbox"/> Pain prevents me from doing even light duties. <input type="checkbox"/> Pain prevents me from performing any job or homemaking chores.

Total Score: _____
(MCID 6)