

## MDQ FORM

# MODIFIED OSWESTRY LOW BACK DISABILITY INDEX

Thank you for completing this patient-reported outcome questionnaire. Your responses help your provider determine the best treatment options and track your recovery progress over time. Please answer each of the questions included on this form.

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** (MM/DD/YYYY) \_\_\_\_\_

**DID YOU HAVE SURGERY FOR THIS ISSUE PRIOR TO RECEIVING THERAPY?**  YES  NO

**PAIN SCORE: OVER THE PAST 24 HOURS, HOW BAD HAS YOUR PAIN BEEN?**  
CIRCLE THE NUMBER THAT BEST REPRESENTS YOUR PAIN.

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST IMAGINABLE PAIN

**PLEASE RATE HOW EACH SECTION IS AFFECTING YOUR ABILITY TO MANAGE EVERYDAY LIFE ACTIVITIES:**

MARK THE ONE RESPONSE WHICH MOST CLOSELY DESCRIBES YOUR CURRENT CONDITION.

### 1. PAIN INTENSITY:

- I CAN TOLERATE THE PAIN I HAVE WITHOUT USING PAIN MEDICATION.
- THE PAIN IS BAD, BUT I CAN MANAGE WITHOUT HAVING TO TAKE PAIN MEDICATION.
- PAIN MEDICATION PROVIDES ME WITH COMPLETE RELIEF FROM PAIN.
- PAIN MEDICATION PROVIDES ME WITH MODERATE RELIEF FROM PAIN.
- PAIN MEDICATION PROVIDES ME WITH LITTLE RELIEF FROM PAIN.
- PAIN MEDICATION HAS NO EFFECT ON MY PAIN.

### 2. PERSONAL CARE (WASHING, DRESSING, ETC.):

- 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 SOME HELP, BUT I AM ABLE TO MANAGE MOST OF MY PERSONAL CARE.
- I NEED HELP EVERY DAY IN 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 (E.G. ON THE TABLE).
- 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 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.
- I CAN ONLY WALK WITH CRUTCHES OR A CANE.
- I AM IN BED MOST OF THE TIME AND HAVE TO CRAWL TO THE TOILET.

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## 5. SITTING:

- I CAN SIT IN ANY CHAIR AS LONG AS I LIKE.
- I CAN ONLY SIT IN MY FAVORITE CHAIR AS LONG AS I LIKE.
- PAIN PREVENTS ME SITTING MORE THAN ONE HOUR.
- PAIN PREVENTS ME FROM SITTING MORE THAN 30 MINUTES.
- PAIN PREVENTS ME FROM SITTING 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 30 MINUTES.
- 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, ETC.).
- 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 (E.G. 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 JOB OR HOMEMAKING CHORES.