

# Oswestry Low Back Pain Disability Questionnaire(ODI)

0 = best 5 = worst

Section 1 – Pain intensity

Section 2 – Personal care (washing, dressing etc)

Section 3 – Lifting

Section 4 – Walking\*

Section 5 – Sitting

Section 6 – Standing

Section 7 – Sleeping

Section 8 – Sex life (if applicable)

Section 9 – Social life

Section 10 – Travelling

Comment:

Anwering date:

Day  Month  Year

submit