Please read carefully: This questionnaire has been designed to enable us to understand how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only ONE CHOICE which applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the one box which most closely describes your problem right now. SECTION 1 – Pain Intensity A. The pain smild and does not vary much. E. The pain comes and goes and is noderne. D. The pain is moderned and does not vary much. E. The pain is moderned and does not vary much. E. The pain is swerre and does not vary much. E. The pain is swerre and does not vary much. E. The pain is swerre and does not vary much. E. The pain is swerre and does not vary much. E. The pain is exert and the swerre and the such applies of the floor, but leads the pain and I find it was a floor of the pain and a mable to do any washing or dressing without help. Because of the pain. I am unable to do any washing or dressing without help. Because of the pain a manable to do a some washing or dressing without help. Because of the pain a manable to do a some washing or dressing without help. Because of the pain a flam unable to do any washing or dressing without help. Pain prevents me from lifting heavy weights off the floor, but Lean manage flet by are conveniently positioned. E. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile. Pain prevents me from walking more than by mile.		REVI	SED C	OSWESTRY BACK PAIN DISABILITY QUESTIONNAIRE
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With Permission from:Hudson-Cook N, Tomes-Nicholson K, Breen AC. A Revised Oswestry Back Disability Questionnaire. Manchester Univ Press, 1989.

Examiner