REVISED OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Patient Name: _____ Today's Date: _____

Instructions: This questionnaire has been designed to give your doctor information as to how your low back pain has affected your ability to manage everyday life. Please answer every section and mark in each section the ONE answer, which applies to you. We realize that you may consider that two statements in any one section relate to you; but please mark the answer, which most closely describes your problem.

1. Pain Intensity
☐ The pain comes and goes and is very mild
☐ The pain is mild and does not vary much
☐ The pain comes and goes and is moderate
☐ The pain is moderate and does not vary much
☐ The pain comes and goes and is severe
☐ The pain is severe and does not vary much

2. Personal Care (Washing Dressing, etc.)
☐ I would not have to change my way of washing or dressing in order to avoid pain
☐ I would not normally change my way of washing or dressing even though it causes some pain
☐ Washing and dressing increases the pain, but I manage not to change the way I am doing it
☐ Washing and dressing increases the pain, and I find it necessary to change the way I am doing it
☐ Do to pain, I am unable to do some washing and dressing without pain
☐ Do to pain, I am unable to do any washing and dressing without pain

3. Lifting
☐ I can lift heavy weights without extra pain
☐ I can lift heavy weights, but it gives me extra pain
☐ Pain prevents me from lifting heavy weights off the floor
☐ Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned, for example on a table
☐ Pain prevents me from lifting heavy weights, but I can lift light to medium weights if they are conveniently positioned
☐ I can lift very light weights at most

4. Walking
☐ Pain dos not prevent me from walking any distance
☐ Pain prevents me from walking more than 1 mile
☐ Pain prevents me from walking more than 1/2 mile
☐ Pain prevents me from walking more than 1/4 mile
☐ I can only walk with using a cane or on crutches
☐ I am in bed most of the time and have to crawl to the toilet

5. Sitting
☐ I can sit in any chair as long as I like without pain
☐ I can only sit in my favorite chair as long as I like
☐ Pain prevents me from sitting more than 1 hour
☐ Pain prevents me from sitting more than 1/2 hour
☐ 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 pain
☐ I have some pain while standing, but it does not increase with time
☐ I cannot stand for longer than 1 hour without increasing pain
☐ I cannot stand for longer than 1/2 hour without increasing pain
☐ I cannot stand for longer than 10 minutes without increasing pain
☐ I avoid standing because it increases my pain immediately

7. Sleeping
☐ I have no pain in bed
☐ I get no pain in bed, but it does not prevent me from sleeping well
☐ Due to pain my normal night's sleep is reduced by less than 1/4.
☐ Due to pain my normal night's sleep is reduced by less than 1/2
☐ Due to pain my normal night's sleep is reduced by less than 3/4
☐ Pain prevents me from sleeping at all

8. Social Life
☐ My social life is normal and gives me no pain
☐ My social life is normal, but increases the degree of my pain
☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
☐ Pain has restricted my social life and I do not go out very much
☐ Pain has restricted my social life to my home
☐ I have hardly any social life because of pain

9. Traveling
☐ I get no pain while traveling
☐ I get some pain while I travel, but none of my usual forms of travel make it worse
☐ I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
☐ I get extra pain while traveling, which compels me to seek alternative forms of travel.
☐ Pain restricts all forms of travel
☐ Pain restricts all forms of travel except that done lying down

10. Changing Degree of Pain
☐ My pain is rapidly getting better
☐ My pain fluctuates, but overall is definitely getting better
☐ My pain seems to be getting better, but improvement is slow at present
☐ My pain is neither getting better or worse
☐ My pain is gradually worsening
☐ My pain is rapidly worsening

On a scale of 0 to 10 with 0 being no pain and 10 being the worst pain imaginable, mark your current level of pain on the scale below

0									10

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Patient's Signature