OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Name & MR #: ________________________________  Today’s Date: _____/_____/____

Please answer every section, and mark in each section only ONE box, which applies to you.

How long have you been in pain? Years _____ Months _____ Weeks _____

Section 1 – Pain Intensity
☐ I can tolerate the pain I have without having to use painkillers.
☐ The pain is bad but I manage without taking painkillers.
☐ Painkillers give complete relief from pain.
☐ Painkillers give moderate relief from pain.
☐ Painkillers give very little relief from pain.
☐ Painkillers have no effect on the pain and I do not use them.

Section 2 – Personal Care (Washing, Dressing, etc.)
☐ I can look after myself normally without causing extra pain.
☐ I can look after myself normally but it causes extra pain.
☐ It is painful to look after myself and I am slow and careful.
☐ I need some help but manage most of my personal care.
☐ I need help every day in most aspects of self-care.
☐ I do not get dressed, wash with difficulty and stay in bed.

Section 3 – Lifting
☐ I can lift heavy weights without extra pain.
☐ I can lift heavy weights but it gives extra pain.
☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a 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.

Section 4 – Walking
☐ Pain does not prevent me walking any distance.
☐ Pain prevents me walking more than 1 mile.
☐ Pain prevents me walking more than ½ mile.
☐ Pain prevents me walking more than ¼ mile.
☐ I can only walk using a stick or crutches.
☐ I am in bed most of the time and have to crawl to the toilet.

Please answer the questions on the next page......
Section 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 1 hour.
☐ Pain prevents me sitting more than ½ hour.
☐ Pain prevents me sitting more than 10 minutes.
☐ Pain prevents me sitting at all.

Section 6 – Standing
☐ I can stand as long as I want without extra pain.
☐ I can stand as long as I want but it gives me extra pain.
☐ Pain prevents me standing for more than 1 hour.
☐ Pain prevents me standing for more than 30 minutes.
☐ Pain prevents me standing for more than 10 minutes.
☐ Pain prevents me standing at all.

Section 7 – Sleeping
☐ Pain does not prevent me from sleeping well.
☐ I can sleep well only by using tablets/pills/sleeping aids.
☐ Even when I take tablets I have less than 6 hours sleep.
☐ Even when I take tablets I have less than 4 hours sleep.
☐ Even when I take tablets I have less than 2 hours sleep.
☐ Pain prevents me from sleeping at all.

Section 8 – Sex Life
☐ My sex life is normal and causes no extra pain.
☐ My sex life is normal but causes some extra pain.
☐ My sex life is nearly normal but is very painful.
☐ My sex life is severely restricted by pain.
☐ My sex life is nearly absent because of pain.
☐ Pain prevents any sex life at all.

Section 9 – Social Life
☐ My social life is normal and gives me no extra pain.
☐ My social life is normal but increases the degree of pain.
☐ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
☐ Pain has restricted my social life and I do not go out as often.
☐ Pain has restricted my social life to my home.
☐ I have no social life because of pain.

Section 10 – Traveling
☐ I can travel anywhere without extra pain.
☐ I can travel anywhere but it gives me extra pain.
☐ Pain is bad but I manage journeys over 2 hours.
☐ Pain restricts me to journeys of less than 1 hour.
☐ Pain restricts me to short necessary journeys less than 30 minutes.
☐ Pain prevents me from traveling except to the doctor or hospital.