

Name

Date

## Oswestry Low Back Pain Questionnaire

1. How long have you had back pain?	___ Years	___ Months	___ Weeks
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2. Is this your first episode of Low back pain?	___ Yes	___ No
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Please read: This questionnaire has been designed to enable us to understand how much your Low Back Pain has affected your ability to manage your everyday activities, give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the *one box* which applies to you. We realize you may consider that two or the statements in any one section relate to you, but please just *mark the box which most closely describes your problem*.

Questionnaire completed on \_\_\_/\_\_\_/\_\_\_

### Section 1 - Pain Intensity

- The pain comes and goes and is very mild.  
 The pain is mild and goes 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.

### Section 2 - Personal Care

- I do not have to change my way of washing or dressing in order to avoid pain.  
 I do 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 my way of doing it.  
 Washing and dressing increases the pain and I find it necessary to change my way of doing it.  
 Because pain I am unable to do some washing and dressing without help.  
 Because pain I am unable to do any wayshing and dressing without help.

### 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.  
 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 at the most.

### Section 4 - Walking

- I have no pain when walking.  
 I have some pain when walking but it does not decrease my distance.  
 I cannot walk more than once mile without increasing pain.  
 I cannot walk more than 1/2 mile without increaseing pain  
 I cannot walk more than 1/4 mile without increasing pain  
 I cannot walk at all without increasing pain.

### 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 one 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.

Section 6 - Standing

- I can stand as long as I want without pain
- I have some pain when standing but it does not increase with time.
- I cannot stand for longer than one 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 the pain straight away.

Section 7 - Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain, my normal night sleep is reduced by less than 1/4.
- Because of pain, my normal night sleep is reduced by less than 1/2.
- Because of pain my normal night sleep is reduced by less than 1/2.
- Because of pain my normal night sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

Section 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 interest, e.g. dancing ect.
- 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 hardly any social life because of pain.

Section 9 - Traveling

- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of traveling 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 prevents all forms of travel except that done lying down.

Section 10- 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 nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Comments/ Interpretation: