

REVISED OSWESTRY PAIN QUESTIONNAIRE

NAME: _____

DATE: _____

Please read: this questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section the ONE BOX that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST MARK ONE BOX THAT MOST CLOSELY DESCRIBES YOUR PROBLEM.

SECTION 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.

SECTION 2 – PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my ways of washing or dressing even though it causes some pain.
- Washing and dressing increase the pain, but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing and dressing without help.

SECTION 3 – LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes 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 only lift 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 one mile without increasing pain.
- I cannot walk more than ½ mile without increasing pain.
- I cannot walk more than ¼ mile without increasing pain.
- I cannot walk at all without increasing pain.

SECTION 5 – SITTING

- I can sit in a chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain right away.

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 ½ hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain right away.

SECTION 7 – SLEEPING

- I get no pain while in bed.
- I get pain while in bed, but it does not prevent me from sleeping well.
- Because of pain, my normal night sleep is reduced by about 25%.
- Because of pain, my normal night sleep is reduced by about 50%.
- Because of pain, my normal night sleep is reduced by about 75%.
- 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 not significant effect on my social life apart from limiting my more energetic interests, e.g. dancing.
- Pain has restricted by social life, and I do not go out very often.
- Pain has restricted my social life to my house.
- I have hardly any social life because of the pain.

SECTION 9 – TRAVELING

- I get no pain while traveling.
- I get some pain while traveling, 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 requires me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done by lying down.

SECTION 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.
- There has been no change in my pain.
- My pain is gradually worsening.
- My pain is rapidly worsening.