REVISED OSWESTRY LOW BACK PAIN QUESTIONNAIRE

ee # Dop. /	Today's Date:/
SS # DOB:/	
Instructions : This questionnaire has been designed to give your doct manage everyday life. Please answer every section and mark in each consider that two of the statements in any one section relate to you; b	or information as to how your low back pain has affected your ability to section the ONE answer that applies to you best. We realize you may
Pain Intensity	Standing
☐ The pain comes and goes and is very mild.	☐ I can stand as long as I want without pain.
□ The pain is mild and does not vary much.□ The pain comes and goes and is moderate.	 I have some pain while standing, but it does not increase with time.
The pain is moderate and does not vary much.	☐ I cannot stand for longer than one hour without increasing pain.
☐ The pain comes and goes and is severe.	☐ I cannot stand for longer than ½ hour without increasing pain.
☐ The pain is severe and does not vary much.	☐ I cannot stand for longer than ten minutes without increasing
Lifting	pain.
☐ I can lift heavy weights without extra pain.	□ I avoid standing because it increases the pain straight away.
☐ I can lift heavy weights, but it gives me extra pain.	Sleeping
Pain prevents me from lifting heavy weights off the floor.	☐ I get no pain in bed.
 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 	 I get pain in bed, but it does not prevent me from sleeping well. Because of pain, my normal night's sleep is reduced by less than one-quarter.
light to medium weights if they are conveniently positioned. I can only lift very light weights at the most.	Because of pain, my normal night's sleep is reduced by less than one-half.
	☐ Because of pain, my normal night's sleep is reduced by less than
☐ I can sit in any chair as long as I like without pain.	three-quarters.
☐ I can only sit in my favorite chair as long as I like.	☐ Pain prevents me from sleeping at all.
☐ Pain prevents me from sitting more than one hour.	Traveling
Pain prevents me from sitting more than ½ hour.	☐ I get no pain while traveling.
☐ Pain prevents me from sitting more than ten minutes.	☐ I get some pain while I travel, but none of my usual forms of
☐ Pain prevents me from sitting at all.	travel make it any worse.
Personal Care (Washing, Dressing, etc.)	☐ I get extra pain while traveling, but it does not compel me to
☐ I do not have to change my way of washing or dressing in order to avoid pain.	seek alternative forms of travel. I get extra pain while traveling which compels me to seek
☐ I do not normally change my way of washing or dressing even	alternative forms of travel.
though it causes some pain.	☐ Pain restricts all forms of travel.
☐ Washing and dressing increases the pain, but I manage not to	☐ Pain prevents all forms of travel except that done lying down.
change my way of doing it.	Social Life
 Washing and dressing increases the pain and I find it necessary to change my way of doing it. 	 My social life is normal and gives me no pain. My social life is normal, but increases the degree of my pain.
☐ Because of the pain, I am unable to do some washing and	 My social life is normal, but increases the degree of my pain. Pain has no significant effect on my social life apart from
dressing without help.	limiting my more energetic interests, e.g., dancing, etc.
Because of the pain, I am unable to do any washing or dressing	Pain has restricted my social life and I do not go out very much.
without help.	☐ I have hardly any social life because of the pain.
Walking	☐ I can't drive my car at all because of the pain.
Pain does not prevent me from walking any distance.	Changing Degree of Pain
 □ Pain prevents me from walking more than one mile. □ Pain prevents me from walking more than ½ mile. 	My pain is rapidly getting better.My pain fluctuates, but overall is definitely getting better.
Pain prevents me from walking more than ½ mile. Pain prevents me from walking more than ¼ mile.	 My pain fluctuates, but overall is definitely getting better. My pain seems to be getting better, but improvement is slow at
☐ I can only walk while using a cane or on crutches.	present.
☐ I am in bed most of the time and have to crawl to the toilet.	☐ My pain is neither getting better nor worse.
	My pain is gradually worsening.My pain is rapidly worsening.
Patient's Signature:	
DOCTOR Last Name:	First: MI:
Print Legibly Fax this form to 847-433-9947	