

OSWESTRY LOW BACK PAIN QUESTIONNAIRE

This questionnaire gives you 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.

Section 1 PERSONAL CARE (WASHING, DRESSING, ETC.)

- 0 I can look after myself normally without causing pain.
- 1 I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help but manage most of my personal care.
- 4 I need help everyday in most aspects of self care.
- 5 I do not get dressed, wash with difficulty and stay in bed.

Section 2 LIFTING

- 0 I can lift heavy objects without extra pain.
- 1 I can lift heavy objects but it gives me extra pain.
- 2 Pain prevents me from lifting heavy objects off the floor, but I can manage if they are positioned on a table.
- 3 Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.
- 4 I can only lift very light objects.
- 5 I cannot lift or carry anything at all.

Section 3 WALKING

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking for more than one hour.
- 2 Pain prevents me from walking for more than 30 minutes.
- 3 Pain prevents me from walking for more than 10 minutes.
- 4 I can only walk a few steps.
- 5 I can walk any distance without increased pain.

Section 4 SITTING

- 0 I can sit in any chair as long as I like.
- 1 I can only sit in my favorite chair for as long as I like.
- 2 Pain prevents me from sitting for more than one hour.
- 3 Pain prevents me from sitting for more than 30 minutes.
- 4 Pain prevents me from sitting for more than 10 minutes.
- 5 Pain prevents me from sitting at all.

Section 5 STANDING

- 0 I can stand as long as I want without extra pain.
- 1 I can stand as long as I want but it gives me extra pain.
- 2 Pain prevents me from standing for more than one hour.
- 3 Pain prevents me from standing for more than 30 minutes.
- 4 Pain prevents me from standing for more than 10 minutes.
- 5 Pain prevents me from standing at all.

Section 6 SLEEPING

- 0 I sleep well
- 1 Pain occasionally interrupts my sleep.
- 2 Pain interrupts my sleep half of the time.
- 3 Pain often interrupts my sleep.
- 4 Pain always interrupts my sleep.
- 5 I never sleep very well.

Section 7 PAIN INTENSITY

- 0 The pain comes and goes and is mild.
- 1 The pain is mild and does not vary much.
- 2 The pain comes and goes and is moderate.
- 3 The pain is moderate and does not vary much.
- 4 The pain comes and goes and is severe.
- 5 The pain is severe and does not vary much.

Section 8 SOCIAL LIFE

- 0 My social life and recreational life is unchanged.
- 1 My social life and recreational life is unchanged but increases pain.
- 2 My social life and recreational life is unchanged but severely increases pain.
- 3 Pain has restricted my social and recreational life.
- 4 Pain has severely restricted my social and recreational life.
- 5 I have no social life because of pain.

Section 9 TRAVELING

- 0 I can travel anywhere without extra pain.
- 1 I can travel anywhere but it gives me extra pain.
- 2 Pain is bad but I can manage traveling over two hours.
- 3 Pain restricts me to trips of less than one hour.
- 4 Pain restricts me to trips under 30 minutes.
- 5 Pain prevents me from traveling.

Section 10 CHANGING DEGREE OF PAIN

- 0 My pain is rapidly getting better.
- 1 My pain fluctuates but is definitely getting better.
- 2 My pain seems to be getting better but the improvement is slow.
- 3 My pain is neither getting better nor worse.
- 4 My pain is gradually worsening.
- 5 My pain is rapidly worsening.