

LOW BACK PAIN - OSWESTRY INDEX QUESTIONNAIRE

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday -life activities. Please answer each Section by circling ONE CHOICE that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark only one box that **most closely** describes your present day situation.

<p>SECTION 1 - PAIN INTENSITY</p> <ol style="list-style-type: none"> 0. My pain is mild to moderate. I do not need pain killers. 1. The pain is bad, but I manage without taking pain killers. 2. Pain killers give complete relief from pain. 3. Pain killers give moderate relief from pain. 4. Pain killers give very little relief from pain. 5. Pain killers have no effect on the pain.
<p>SECTION 2 - PERSONAL CARE</p> <ol style="list-style-type: none"> 0. I can look after myself normally without causing extra 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 every day in most aspects of self -care. 5. I do not get dressed. I wash with difficulty and stay in bed.
<p>SECTION 3 – LIFTING</p> <ol style="list-style-type: none"> 0. I can lift heavy weights without causing extra pain. 1. I can lift heavy weights, but it gives me extra pain. 2. Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, ie. on a table. 3. Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned. 4. I can lift only very light weights. 5. I cannot lift or carry anything at all.
<p>SECTION 4 – WALKING</p> <ol style="list-style-type: none"> 0. I can walk as far as I wish. 1. Pain prevents me from walking more than 1 mile. 2. Pain prevents me from walking more than 1/2 mile. 3. Pain prevents me from walking more than 1/4 mile. 4. I can walk only if I use a cane or crutches. 5. I am in bed or in a chair for most of every day.
<p>SECTION 5 – SITTING</p> <ol style="list-style-type: none"> 0. I can sit in any chair for as long as I like. 1. I can sit in my favorite chair only, but for as long as I like. 2. Pain prevents me from sitting for more than 1 hour. 3. Pain prevents me from sitting for more than 1/2 hour. 4. Pain prevents me from sitting for more than 10 minutes. 5. Pain prevents me from sitting at all.

<p>SECTION 6 – STANDING</p> <ol style="list-style-type: none"> 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 1 hour. 3. Pain prevents me from standing more than 1/2 hour. 4. Pain prevents me from standing more than 10 minutes. 5. Pain prevents me from standing at all.
<p>SECTION 7 – SLEEPING</p> <ol style="list-style-type: none"> 0. Pain does not prevent me from sleeping well. 1. I sleep well but only when taking medication. 2. Even when I take medication, I sleep less than 6 hours. 3. Even when I take medication, I sleep less than 4 hours. 4. Even when I take medication, I sleep less than 2 hours. 5. Pain prevents me from sleeping at all.
<p>SECTION 8 - SOCIAL LIFE</p> <ol style="list-style-type: none"> 0. Social life is normal and causes me no extra pain. 1. Social life is normal, but increases the degree of pain. 2. Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc. 3. Pain has restricted my social life, and I do not go out as often. 4. Pain has restricted my social life to my home. 5. I have no social life because of pain
<p>SECTION 10 – TRAVELING</p> <ol style="list-style-type: none"> 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 manage journeys over 2 hours. 3. Pain restricts me to journeys of less than 1 hour. 4. Pain restricts me to necessary journeys under ½ hr. 5. Pain prevents traveling except to the doctor/hospital
<p>SECTION 9 – CHANGING DEGREE OF PAIN</p> <ol style="list-style-type: none"> 0. My pain is rapidly getting better 1. my pain fluctuates, but overall is definitely getting better 2. my pain seems to be getting better, but improvement is slow at present 3. my pain is neither getting better nor worse 4. my pain is gradually worsening 5. my pain is rapidly worsening

PATIENT NAME _____ DATE _____

OSWESTRY SCORE: _____ X2=% _____