

Revised Oswestry Low Back Pain Questionnaire

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 circling the ONE choice that applies most to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

<p>Pain Intensity:</p> <ol style="list-style-type: none"> 0. The pain comes and goes and is very mild 1. The pain 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 	<p>Standing:</p> <ol style="list-style-type: none"> 0. I can stand as long as I like without pain 1. I have some pain while standing, but it does not increase with time 2. I cannot stand for longer than one hour without increasing pain 3. I cannot stand for longer than one half hour without increasing pain 4. I cannot stand for longer than ten minutes without increasing pain 5. I avoid standing because it increases the pain straight away
<p>Personal Care:</p> <ol style="list-style-type: none"> 0. I do not have to change my way of washing or dressing in order to avoid pain 1. I do not normally change my way of washing or dressing even though it causes pain 2. Washing and dressing increases the pain, but I manage not to change my way of doing it 3. Washing and dressing increases the pain and I find it necessary to change my way of doing it 4. Because of the pain, I am unable to do some washing and dressing without help 5. Because of the pain, I am unable to do any washing or dressing without help 	<p>Sleeping:</p> <ol style="list-style-type: none"> 0. I get no pain in bed 1. I get pain in bed, but it does not prevent me from sleeping well 2. Because of pain, my normal night's sleep is reduced by less than one quarter 3. Because of pain, my normal night's sleep is reduced by less than one half. 4. Because of pain, my normal night's sleep is reduced by less than three quarters 5. Pain prevents me from sleeping at all
<p>Lifting:</p> <ol style="list-style-type: none"> 0. I can lift heavy weights without extra pain 1. I can lift heavy weights, but it causes extra pain 2. Pain prevents me from lifting heavy weights off the floor 3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table.) 4. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned 5. I can only lift very light weights, at the most 	<p>Social Life:</p> <ol style="list-style-type: none"> 0. My social life is normal and gives me no pain 1. My social life is normal and increases the degree of my pain 2. Pain has no effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.) 3. Pain has restricted my social life and I do not go out very often 4. Pain has restricted my social life to my home 5. I have hardly any social life because of the pain
<p>Walking:</p> <ol style="list-style-type: none"> 0. Pain does not prevent me from walking any distance 1. Pain prevents me from walking more than one mile 2. Pain prevents me from walking more than one half mile 3. Pain prevents me from walking more than one quarter mile 4. I can only walk while using a cane or on crutches 5. I am in bed most of the time and have to crawl to the toilet 	<p>Traveling:</p> <ol style="list-style-type: none"> 0. I get no pain while traveling 1. I get some pain while traveling, but none of my usual forms of travel make it any worse 2. I get extra pain from traveling, but it does not compel me to seek alternative forms of travel 3. I get extra pain from traveling which compels me to seek alternative forms of travel 4. Pain restricts all form of travel 5. Pain prevents all form of travel except that done lying down
<p>Sitting:</p> <ol style="list-style-type: none"> 0. I can sit in a chair as long as I like without pain 1. I can only sit in my favorite chair as long as I like 2. Pain prevents me from sitting more than one hour 3. Pain prevents me from sitting more than one half hour 4. Pain prevents me from sitting more than ten minutes 5. Pain prevents me from sitting at all 	<p>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 or worse 4. My pain is gradually worsening 5. My pain is rapidly worsening

Patient Signature: _____ Score: _____

Patient Name: _____

Doctor Signature: _____ Date: _____

Revised Oswestry Low Back Pain Questionnaire

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 circling the ONE choice that applies most to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

--	--

Patient Signature: _____ Score: _____

Patient Name: _____

Doctor Signature: _____ Date: _____