

## Revised Oswestry

**PLEASE READ:** This questionnaire is designed to enable your health care provider to understand how much your **low back pain** has affected your ability to manage everyday activities. Please answer each section by circling the **ONE** choice that most applies to you. We realize 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.**

### SECTION 1 – PAIN INTENSITY

- A The pain comes and goes and is very mild.
- B The pain is mild and does not vary much.
- C The pain comes and goes and is moderate.
- D The pain is moderate and does not vary much.
- E The pain comes and goes and is severe.
- F The pain is severe and does not vary much.

### SECTION 6 – STANDING

- A I can stand as long as I like without pain.
- B I have some pain while standing but it does not increase with time.
- C I cannot stand for longer than one hour without increasing pain.
- D I cannot stand for longer than ½ hour without increasing pain.
- E I cannot stand for longer than 10 minutes without increasing pain.
- F I avoid standing because it increases the pain straight away.

### SECTION 2 – PERSONAL CARE

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

### SECTION 7 – SLEEPING

- A I get no pain in bed.
- B I get pain in bed but it does not prevent me from sleeping well.
- C Because of pain my normal night's sleep is reduced by less than ¼.
- D Because of pain my normal night's sleep is reduced by less than ½.
- E Because of pain my normal night's sleep is reduced by less than ¾.
- F Pain prevents me from sleeping at all.

### SECTION 3 – LIFTING

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights but it causes extra pain.
- C Pain prevents me from lifting heavy weights off the floor.
- D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table).
- E Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- F I can only lift very light weights, at the most.

### SECTION 8 – SOCIAL LIFE

- A My social life is normal and gives me no pain.
- B My social life is normal but increases the degree of pain.
- C Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- D Pain has restricted my social life and I do not go out very often.
- E Pain has restricted my social life to my home.
- F I have hardly any social life because of the pain.

### SECTION 4 – WALKING

- A Pain does not prevent me from walking any distance.
- B Pain prevents me from walking more than one mile.
- C Pain prevents me from walking more than ½ mile.
- D Pain prevents me from walking more than ¼ mile
- E I can only walk while using a cane or on crutches.
- F I am in bed most of the time and have to crawl to the toilet.

### SECTION 9 – TRAVELING

- A I get no pain while traveling.
- B I have some pain while traveling but none of my usual forms of travel make it any worse.
- C I have extra pain while traveling but it does not compel me to seek alternate forms of travel.
- D I get extra pain while traveling that compels me to seek alternative forms of travel.
- E Pain restricts all forms of travel.
- F Pain prevents all forms of travel except that done lying down.

### SECTION 5 – SITTING

- A I can sit in any chair as long as I like without pain
- B I can only sit in my favorite chair as long as I like.
- C Pain prevents me from sitting more than 1 hour.
- D Pain prevents me from sitting more than ½ hour.
- E Pain prevents me from sitting more than ten minutes.
- F Pain prevents me from sitting at all.

### SECTION 10 – CHANGING DEGREE OF PAIN

- A My pain is rapidly getting better.
- B My pain fluctuates but overall is definitely getting better.
- C My pain seems to be getting better, but improvement is slow at present.
- D My pain is neither getting better nor worse.
- E My pain is gradually worsening.
- F My pain is rapidly worsening.

Print name:

Signature:

Date:

Comments:

Oswestry #