

Name: _____ Date: _____

Oswestry Low Back Pain Questionnaire

Please mark only 1 box in each section that mostly describes your ability to manage daily life activities.

Pain Intensity

- 0 I can tolerate the pain I have without use of pain medication.
- 1 The pain is bad, but I can manage without using pain medication.
- 2 Pain medication provides me with complete pain relief.
- 3 Pain medication provides me with moderate pain relief.
- 4 Pain medication provides me with minimal pain relief.
- 5 Pain medication provides me with no pain relief.

Personal Care (eg, Washing, Dressing)

- 0 I can take care of myself normally without causing increased pain.
- 1 I can take care of myself normally, but it increases my pain.
- 2 It is painful to take care of myself, I am slow and careful.
- 3 I need help, but I am able to manage most of my personal care
- 4 I need help every day in most aspects of my care.
- 5 I do not get dressed, wash with difficulty, and stay in bed.

Lifting

- 0 I can lift heavy weights without increased pain.
- 1 I can lift heavy weights, but it causes increased pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned. (eg, on a table)
- 3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can only lift light weights.
- 5 I can't lift or carry anything at all.

Walking

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking more than ¼ mile
- 4 I can only walk with crutches or a cane.
- 5 I am in bed most of the time and have to crawl to the toilet.

Sitting

- 0 I can sit in any chair as long as I like.
- 1 I can only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than ½ hour.
- 4 Pain prevents me from sitting more than 10 minutes.
- 5 Pain prevents me from sitting at all.

Standing

- 0 I can stand as long as I want without increased pain.
- 1 I can stand as long as I want, but it increases my pain.
- 2 Pain prevents me from standing more than 1 hour.
- 3 Pain prevents me from standing more than ½ hour.
- 4 Pain prevents me from standing more than 10 minutes.
- 5 Pain prevents me from standing at all.

Sleeping

- 0 Pain does not prevent me from sleeping well.
- 1 I can sleep well only by using pain medication.
- 2 Even when I take pain medication, I sleep less than 6 hours.
- 3 Even when I take pain medication, I sleep less than 4 hours.
- 4 Even when I take pain medication, I sleep less than 2 hours.
- 5 Pain prevents me from sleeping at all.

Social Life

- 0 My social life is normal and does not increase my pain.
- 1 My social life is normal, but it increases my level of pain.
- 2 Pain prevents me from participating in more energetic activities. (eg, sports, dancing)
- 3 Pain prevents me from going out very often.
- 4 Pain has restricted my social life to my home.
- 5 I hardly have any social life because of my pain.

Traveling

- 0 I can travel anywhere without increased pain.
- 1 I can travel anywhere, but it increases my pain.
- 2 My pain restricts my travel over 2 hours.
- 3 My pain restricts my travel over 1 hour.
- 4 My pain restricts my travel to short journeys under ½ hour.
- 5 My pain prevents all travel except for medical visits.

Employment/Homemaking

- 0 My normal homemaking/ job activities does not cause pain.
- 1 My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- 2 I can perform most of my homemaking/job duties, but pain prevents me from more physically stressful activities (eg., vacuuming, lifting).
- 3 Pain prevents me from doing anything other than light duties.
- 4 Pain prevents me from doing light duties.
- 5 Pain prevents me from doing any job/homemaking chores.

Total Score _____