

Revised Oswestry Low Back Pain and Disability

Name: _____ Chart #: _____ Date: _____

Please Read Instructions:

This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please fill in ONE circle which most closely describes your problem.

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 very severe.
- F. The pain is severe and doesn't vary much.

Section 2 - Personal Care

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but can manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

Section 3 - Lifting

- A. I can lift heavy weight without extra pain.
- B. I can lift heavy weight but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned.
- E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

Section 4 - Walking

- A. I have no pain walking.
- B. I cannot walk more than one mile without increasing pain.
- C. I cannot walk more than 1/2 mile without increasing pain.
- D. I cannot walk more than 1/4 mile without increasing pain.
- E. I can walk with crutches.
- F. I cannot walk at all without increasing pain.

Section 5 - Sitting

- A. I can sit in any chair as long as I like.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than a half hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. I avoid sitting because it increases pain straight away.

Section 6 - Standing

- A. I can stand as long as I want without pain.
- B. I have some pain on 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 1/2 hour without increasing pain.
- E. I can't stand for longer than 10 minutes without increasing pain.
- F. I avoid standing because it increases the pain straight away.

Section 7 - Sleeping

- A. I get no pain in bed.
- B. I get pain in bed but it doesn't prevent me from sleeping well.
- C. Because of pain my normal night's sleep is reduced by < 1/4.
- D. Because of pain my normal night's sleep is reduced by < 1/2.
- E. Because of pain my normal night's sleep is reduced by < 3/4.
- F. Pain prevents me from sleeping at all.

Section 8 - Traveling

- A. I get no pain while traveling.
- B. I get some pain while traveling but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which 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 9 - 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 limits 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 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.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

Office Use Only Score: _____

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature: _____