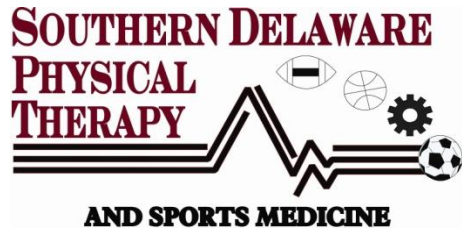


Name: \_\_\_\_\_

Date: \_\_\_\_\_



### Oswestry Low Back Pain Questionnaire

**Instructions:** This questionnaire has been designed to give the physical therapist information as to how your pain is affecting your ability to manage everyday life. Please answer all sections. Circle one number in each section that applies. We realize that you may consider that two or more choices apply to you, but please circle the one number that most clearly describes your problem.

#### Section 1 - Pain Intensity

0	I have no pain
1	I have no pain except when I move a certain way
2	I have minimal pain most of the time
3	I have moderate pain most of the time
4	I have severe pain most of the time
5	I have intense/intolerable pain most of the time

#### Section 2 - Personal Care (washing, dressing, etc.)

0	I can take care of myself normally without causing extra pain
1	I can take care of myself normally, but it causes extra pain
2	It is painful to take care of 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, wash with difficulty, and stay in bed

#### Section 3 - Lifting

0	I can lift heavy weights without pain
1	I can lift heavy weights, but it causes extra pain
2	Pain prevents me from lifting heavy weights off the floor, but I can manage if conveniently positioned on a table
3	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if conveniently positioned
4	I can lift only very light weights
5	I cannot lift or carry anything at all

#### Section 4 - 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 using a cane or crutch
5	I am in bed most of the time

#### Section 5 - Sitting

0	I can sit in a 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 30 minutes
4	Pain prevents me from sitting more than 10 minutes
5	Pain prevents me from sitting at all

#### Section 6 - Standing

0	I can stand as long as I want without pain
1	I can stand as long as I want, but it gives me extra pain
2	Pain prevents me from standing more than 1 hour
3	Pain prevents me from standing more than 30 minutes
4	Pain prevents me from standing more than 15 minutes
5	Pain prevents me from standing at all

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7 - Sleeping**

0	Pain does not prevent me from sleeping well
1	I can sleep well only by taking medication
2	I have less than 6 hours sleep because of pain
3	I have less than 4 hours sleep because of pain
4	I have less than 2 hours sleep because of pain
5	Pain prevents me from sleeping at all

**Section 9 - Social Life**

0	My social life is normal and give me no extra pain
1	My social life is normal, but gives me extra pain
2	Pain has no effect on my social life other than limiting some energetic interests like dancing
3	Pain has limited my social life and I do not go out as often
4	Pain has limited my social life to my home
5	I have no social life because of pain

**Section 8 - Sex Life**

0	My sex life is normal and causes no extra pain
1	My sex life is normal, but causes extra
2	My sex life is nearly normal, but is very painful
3	My sex life is severely restricted because of pain
4	My sex life is nearly absent because of pain
5	Pain prevents any sex life at all

**Section 10 - Traveling**

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 trips over 2 hours
3	Pain restricts me to trips of less than 1 hour
4	Pain restricts me to trips of less than 30 minutes
5	Pain limits me from traveling except to the doctor or hospital

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For the PT: To score, add up all the numbers circled and multiply by 2 if all questions are answered. If all sections are answered except one, divide the number by 45.

Name: \_\_\_\_\_

Date: \_\_\_\_\_