

# Revised Oswestry Low Back Pain Questionnaire

(Facility name)

<b>Revised Oswestry</b>		
<p><b>PLEASE READ:</b> This questionnaire is designed to enable your health care provider to understand how much your <b>low back pain</b> has affected your ability to manage everyday activities. Answer each section by circling the <b>ONE</b> choice that most applies to you. We realize you may feel that more than one statement may relate to you, but <b>PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.</b></p>		
<p><b>SECTION 1 – PAIN INTENSITY</b></p> <p>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.</p>	<p><b>SECTION 6 – STANDING</b></p> <p>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 1/2 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.</p>	
<p><b>SECTION 2 – PERSONAL CARE</b></p> <p>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.</p>	<p><b>SECTION 7 – SLEEPING</b></p> <p>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 1/4.                      D Because of pain my normal night's sleep is reduced by less than 1/2.                      E Because of pain my normal night's sleep is reduced by less than 3/4.                      F Pain prevents me from sleeping at all.</p>	
<p><b>SECTION 3 – LIFTING</b></p> <p>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.</p>	<p><b>SECTION 8 – SOCIAL LIFE</b></p> <p>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.</p>	
<p><b>SECTION 4 – WALKING</b></p> <p>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 1/2 mile.                      D Pain prevents me from walking more than 1/4 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.</p>	<p><b>SECTION 9 – TRAVELING</b></p> <p>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.</p>	
<p><b>SECTION 5 – SITTING</b></p> <p>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 1/2 hour.                      E Pain prevents me from sitting more than ten minutes.                      F Pain prevents me from sitting at all.</p>	<p><b>SECTION 10 – CHANGING DEGREE OF PAIN</b></p> <p>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.</p>	
Name (Print):	Signature:	Date:
Comments:		Oswestry #