

NAME:

DATE OF ACCIDENT:

TODAY'S DATE:

## THE OSWESTRY QUESTIONNAIRE

This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE BOX which applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the one box which most closely describes your problem.

### SECTION 1 – Pain Intensity

- I can tolerate the pain I have without having to use pain killers.
- I can sleep well only by using tablets.
- The pain is bad but I manage without taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give little relief from pain.
- Pain killers have no effect on the pain and I do not use them.

### SECTION 2 – Personal Care

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

### SECTION 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives me extra pain.
- Pain prevents me from lifting heavy weights off.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

### SECTION 4 – Walking

- Pain does not prevent me from walking any distance hours.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

### SECTION 5 – Sitting

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

### SECTION 6 – Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me pain
- Pain prevents me from standing more than 1 hr. pain killers.
- Pain prevents me from standing more than ½ hr.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

### SECTION 7 - Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.

- Even when I take tablets I have less than 6 hours sleep.
- Even when I take tablets I have less than 4 hours sleep.
- Even when I take tablets I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

**SECTION 8 – Social Life**

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.)

- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

**SECTION 9 - Traveling**

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys.
- Pain restricts me from traveling except to the Doctor or hospital.

**OTHER COMMENTS:**