

OSWESTRY CHRONIC LOW BACK QUESTIONNAIRE

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR BACK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT DAY SITUATION.
DO NOT SKIP ANY QUESTIONS.

<p style="text-align: center;"><u>SECTION 1- PAIN INTENSITY</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I have no pain at the moment.<input type="checkbox"/> The pain is very mild at the moment.<input type="checkbox"/> The pain is moderate at the moment.<input type="checkbox"/> The pain is fairly severe at the moment.<input type="checkbox"/> The pain is very severe at the moment.<input type="checkbox"/> The pain is the worst imaginable at the moment.	<p style="text-align: center;"><u>SECTION 6- STANDING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I can sit as long as I want without any pain.<input type="checkbox"/> I have some pain while standing, but it does not increase with time.<input type="checkbox"/> I cannot stand for more than one hour without increasing pain.<input type="checkbox"/> I cannot stand for more than 1/2 hour without increasing pain.<input type="checkbox"/> I cannot stand for more than 10 minutes without increasing pain.<input type="checkbox"/> I avoid standing because it increases pain right away.
<p style="text-align: center;"><u>SECTION 2- PERSONAL CARE</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I can look after myself normally without causing extra pain.<input type="checkbox"/> I can look after myself normally, but it causes extra pain.<input type="checkbox"/> It is painful to look after myself and I am slow and careful.<input type="checkbox"/> I need some help but manage most of my personal care.<input type="checkbox"/> I need help in most aspects of self-care.<input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.	<p style="text-align: center;"><u>SECTION 7- SLEEPING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I have no trouble sleeping at all.<input type="checkbox"/> My sleep is slightly disturbed for less than hour.<input type="checkbox"/> My sleep is mildly disturbed for up to 1-2 hrs<input type="checkbox"/> My sleep is moderately disturbed for up to 2-3 hrs.<input type="checkbox"/> My sleep is greatly disturbed for up to 3-5 hrs.<input type="checkbox"/> My sleep is completely disturbed for up to 5-7 hrs.
<p style="text-align: center;"><u>SECTION 3- LIFTING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I can lift heavy weights without causing extra pain.<input type="checkbox"/> I can lift heavy weights, but it gives me extra pain.<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if the items are conveniently positioned, ie. On the table.<input type="checkbox"/> Pain prevents me from lifting heavy weight, but I can manage light weights if they are conveniently positioned.<input type="checkbox"/> I can lift only very light weights.<input type="checkbox"/> I cannot lift or carry anything at all	<p style="text-align: center;"><u>SECTION 8- SOCIAL LIFE</u></p> <ul style="list-style-type: none"><input type="checkbox"/> My social life is normal and gives me no pain.<input type="checkbox"/> My social life is normal but I have slight pain.<input type="checkbox"/> My social life is normal but I have mild pain.<input type="checkbox"/> My social life is less than normal because I have moderate pain.<input type="checkbox"/> My social life is very limited because of severe pain.<input type="checkbox"/> I have no social life because of severe pain.
<p style="text-align: center;"><u>SECTION 4- WALKING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Pain does not prevent me from walking any distance.<input type="checkbox"/> I have some pain with walking but it does not increase with distance<input type="checkbox"/> Pain prevents me from walking more than one mile<input type="checkbox"/> Pain prevents me from walking more than 1/2 mile.<input type="checkbox"/> I can only walk while using a cane or crutches<input type="checkbox"/> I am in bed most of the time and have to crawl to the Toilet.	<p style="text-align: center;"><u>SECTION 9- TRAVELING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I get no pain while traveling.<input type="checkbox"/> I get mild pain while traveling but it doesn't limit me.<input type="checkbox"/> I get moderate pain while traveling but it doesn't limit my method of travel.<input type="checkbox"/> I get severe pain while traveling and it does limit my method of travel.<input type="checkbox"/> Pain prevents me from all forms of travel except lying down.<input type="checkbox"/> Pain prevents me from all forms of travel.
<p style="text-align: center;"><u>SECTION 5- SITTING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I can sit in any chair as long as I want without pain.<input type="checkbox"/> I can only sit in my favorite chair as long as I like.<input type="checkbox"/> Pain prevents me from sitting more than one hour.<input type="checkbox"/> Pain prevents me from sitting more than 1/2 hour.<input type="checkbox"/> Pain prevents me from sitting more than ten minutes.<input type="checkbox"/> Pain prevents me from sitting at all.	<p style="text-align: center;"><u>SECTION 10- CHANGING DEGREE OF PAIN</u></p> <ul style="list-style-type: none"><input type="checkbox"/> I have no pain currently or am getting better rapidly.<input type="checkbox"/> My pain varies, but overall is definitely getting better.<input type="checkbox"/> My pain is getting better, but improvement is slow.<input type="checkbox"/> My pain is not changing.<input type="checkbox"/> My pain is gradually worsening.<input type="checkbox"/> My pain is rapidly worsening.

Name: _____ Date: _____