

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 everyday life. In each section, please Check ONE Box which most closely describes your problem.

<p>Section 1- Pain Intensity</p> <p><input type="checkbox"/> A. The pain comes and goes and is very mild</p> <p><input type="checkbox"/> B. The pain is mild and does not vary much</p> <p><input type="checkbox"/> C. The pain comes and goes and is moderate</p> <p><input type="checkbox"/> D. The pain is moderate and does not vary much</p> <p><input type="checkbox"/> E. The pain comes and goes and is very severe.</p> <p><input type="checkbox"/> F. The pain is severe and doesn't vary much.</p>	<p>Section 6 – Standing</p> <p><input type="checkbox"/> A. I can stand as long as I want without pain.</p> <p><input type="checkbox"/> B. I have some pain on standing but it does not increase with time.</p> <p><input type="checkbox"/> C. I cannot stand for longer than one hour without increasing pain.</p> <p><input type="checkbox"/> D. I cannot stand for longer than 1/2 hour without increasing pain.</p> <p><input type="checkbox"/> E. I can't stand for longer than 10 minutes without increasing pain.</p> <p><input type="checkbox"/> F. I avoid standing because it increases the pain straight away.</p>
<p>Section 2 – Personal Care</p> <p><input type="checkbox"/> A. I can look after myself normally without causing extra pain</p> <p><input type="checkbox"/> B. I can look after myself normally but it causes extra pain.</p> <p><input type="checkbox"/> C. It is painful to look after myself and I am slow and careful</p> <p><input type="checkbox"/> D. I need some help but can manage most of my personal care</p> <p><input type="checkbox"/> E. I need help everyday in most aspects of self care</p> <p><input type="checkbox"/> F. I can not get dressed; I wash with difficulty and stay in bed.</p>	<p>Section 7- Sleeping</p> <p><input type="checkbox"/> A. I get no pain in bed.</p> <p><input type="checkbox"/> B. I get pain in bed but it doesn't prevent me from sleeping well.</p> <p><input type="checkbox"/> C. Because of my pain my normal night's sleep is reduced by <1/4</p> <p><input type="checkbox"/> D. Because of my pain my normal night's sleep is reduced by <1/2</p> <p><input type="checkbox"/> E. Because of my pain my normal night's sleep is reduced by < 3/4</p> <p><input type="checkbox"/> F. Pain prevents me from sleeping at all.</p>
<p>Section 3 – Lifting</p> <p><input type="checkbox"/> A. I can lift heavy weight without extra pain.</p> <p><input type="checkbox"/> B. I can lift heavy weight but it gives extra pain.</p> <p><input type="checkbox"/> C. Pain prevents me from lifting heavy weights off the floor.</p> <p><input type="checkbox"/> D. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned.</p> <p><input type="checkbox"/> E. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned.</p> <p><input type="checkbox"/> F. I can only lift very light weights at the most.</p>	<p>Section 8 – Traveling</p> <p><input type="checkbox"/> A. I get no pain while traveling.</p> <p><input type="checkbox"/> B. I get some pain while traveling but none of my usual forms of travel make it any worse.</p> <p><input type="checkbox"/> C. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.</p> <p><input type="checkbox"/> D. I get extra pain while traveling which compels me to seek alternative forms of travel.</p> <p><input type="checkbox"/> E. Pain restricts all forms of travel.</p> <p><input type="checkbox"/> F. Pain prevents all forms of travel except that done lying down.</p>
<p>Section 4 –Walking</p> <p><input type="checkbox"/> A. I have no pain walking.</p> <p><input type="checkbox"/> B. I cannot walk more than one mile without increasing pain.</p> <p><input type="checkbox"/> C. I cannot walk more than 1/2 mile without increasing pain.</p> <p><input type="checkbox"/> D. I cannot walk more than 1/4 mile without increasing pain.</p> <p><input type="checkbox"/> E. I can walk with crutches.</p> <p><input type="checkbox"/> F. I cannot walk at all without increasing pain.</p>	<p>Section 9 – Social Life</p> <p><input type="checkbox"/> A. My social life is normal and gives me no pain.</p> <p><input type="checkbox"/> B. My social life is normal but increases the degree of pain.</p> <p><input type="checkbox"/> C. Pain limits my more energetic interests, e.g. dancing, etc.</p> <p><input type="checkbox"/> D. Pain has restricted my social life and I do not go out very often.</p> <p><input type="checkbox"/> E. Pain has restricted my social life to my home.</p> <p><input type="checkbox"/> F. I have hardly any social life because of the pain.</p>
<p>Section 5- Sitting</p> <p><input type="checkbox"/> A. I can sit in any chair as long as I like.</p> <p><input type="checkbox"/> B. I can only sit in my favorite chair as long as I like.</p> <p><input type="checkbox"/> C. Pain prevents me from sitting more than a half hour.</p> <p><input type="checkbox"/> D. Pain prevents me from sitting more than a half hour.</p> <p><input type="checkbox"/> E. Pain prevents me from sitting more than 10 minutes.</p> <p><input type="checkbox"/> F. I avoid sitting because it increases pain straight away.</p>	<p>Section 10 – Changing Degree Of Pain</p> <p><input type="checkbox"/> A. My pain is rapidly getting better.</p> <p><input type="checkbox"/> B. My pain fluctuates but overall is definitely getting better.</p> <p><input type="checkbox"/> C. My pain seems to be getting better but improvement is slow.</p> <p><input type="checkbox"/> D. My pain is getting better but improvement is slow.</p> <p><input type="checkbox"/> E. My pain is gradually worsening.</p> <p><input type="checkbox"/> F. My pain is rapidly worsening.</p>

Office Use Only Score: _____

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