

Oswestry Low Back Questionnaire



This questionnaire is designed to help us better understand how your back pain affects your ability to manage your everyday 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 **one box** that **most closely** describes your condition right now.

Section 1: Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

Section 2: Personal Care

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself, so I am slow and careful.
- I need some help, but I manage most of my personal care.
- I need help everyday in most aspects of self-care.
- Because of the pain, I avoid most aspects of personal care.

Section 3: Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- I can only lift heavy weights if they are conveniently positioned at waist level.
- I can manage to lift medium weights if they are conveniently positioned.
- At most, I can only lift very light weights.

Section 4: Walking

- I can walk, pain-free, as far as I want.
- 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 walk only with the aid of a cane or crutches.
- Due to the pain, I mostly avoid walking.

Section 5: Sitting

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

Section 6: Standing

- I can stand, pain-free, as long as I want.
- I can stand as long as I want, but it causes extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than ½ hour.
- Pain prevents me from standing more than 10 minutes.
- I avoid standing because it immediately causes pain.

Section 7: Sleeping

- I do not experience pain in bed.
- I get pain in bed, but it does not interfere with sleep.
- Because of pain, normal sleep is reduced by 1-2 hours.
- Because of pain, normal sleep is reduced by 3-4 hours.
- Because of pain, normal sleep is reduced by 5-6 hours.
- Pain prevents me from sleeping at all.

Section 8: Social Life

- My social life is normal and causes no pain.
- My social life is normal, but it causes extra pain.
- Pain affects my social life by limiting energetic interests, such as sports.
- I do not go out often because of the pain.
- Pain has restricted my social life to my home.
- I have no social life because of the pain.

Section 9: Travel

- I get no pain while traveling.
- I can travel, but it causes pain.
- Pain limits my travel to less than 2 hours.
- Pain limits my travel to less than 1 hour.
- Pain limits my travel to less than ½ hour.
- Because of pain, I only travel to doctor appointments.

Section 10: Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates, but it is getting better.
- My pain is better, but progress is slow.
- My pain is neither better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Name: _____

Date: _____

For Office Use

Score: _____