

# OSWESTRY BACK QUESTIONNAIRE



Your Name: \_\_\_\_\_ Your Age: \_\_\_\_\_ Gender:  Male  Female

Referred By: Dr. \_\_\_\_\_ Scored By: \_\_\_\_\_ Date: \_\_\_\_\_

*This questionnaire has been designed to give the your medical care professional information about how your back pain has affected your ability to manage in everyday life. For each section, choose only one box. You may consider that two statements in a section may relate to you, but please just mark the box that most closely describes your problem.*

<b>SECTION 1: PAIN INTENSITY</b>	<b>SECTION 2: PERSONAL CARE</b>
<input type="checkbox"/> I can tolerate the pain I have without having to use pain killers <input type="checkbox"/> The pain is bad, but I can manage without taking pain killers <input type="checkbox"/> Pain killers give complete relief from pain <input type="checkbox"/> Pain killers give moderate relief from pain <input type="checkbox"/> Pain killers give me very little relief from pain <input type="checkbox"/> Pain killers have no effect on the pain and I do not use them	<input type="checkbox"/> I can look after myself 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; am slow and careful <input type="checkbox"/> I need some help but manage most of my personal care <input type="checkbox"/> I need help everyday in most aspects of self care <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed
<b>SECTION 3: LIFTING</b>	<b>SECTION 4: WALKING</b>
<input type="checkbox"/> I can lift heavy weights without extra pain <input type="checkbox"/> I can lift heavy weights, but it gives extra pain <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, eg. on table <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium 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	<input type="checkbox"/> Pain does not prevent me from walking any distance <input type="checkbox"/> Pain prevents me from walking more than 1 mile <input type="checkbox"/> Pain prevents me from walking more than ½ mile <input type="checkbox"/> Pain prevents me from walking more than ¼ mile <input type="checkbox"/> I can only walk using a cane or crutches <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet
<b>SECTION 5: SITTING</b>	<b>SECTION 6: STANDING</b>
<input type="checkbox"/> I can sit in any chair as long as I like <input type="checkbox"/> I can only sit in my favorite chair as long as I like <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour <input type="checkbox"/> Pain prevents me from sitting more than ½ hour <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes <input type="checkbox"/> Pain prevents me from sitting at all	<input type="checkbox"/> I can stand as long as I want without extra pain <input type="checkbox"/> I can stand as long as I want but it gives me extra pain <input type="checkbox"/> Pain prevents me from standing more than 1 hour <input type="checkbox"/> Pain prevents me from standing more than 30 minutes <input type="checkbox"/> Pain prevents me from standing more than 10 minutes <input type="checkbox"/> Pain prevents me from standing at all
<b>SECTION 7: SLEEPING</b>	<b>SECTION 8: SEX LIFE</b>
<input type="checkbox"/> Pain does not prevent me from sleeping well <input type="checkbox"/> I can sleep well, but only by using sleeping tablets <input type="checkbox"/> Even when I take tablets, I have less than 6 hours of sleep <input type="checkbox"/> Even when I take tablets, I have less than 4 hours of sleep <input type="checkbox"/> Even when I take tablets, I have less than 2 hours of sleep <input type="checkbox"/> Pain prevents me from sleeping at all	<input type="checkbox"/> My sex life is normal and causes no extra pain <input type="checkbox"/> My sex life is normal and causes some extra pain <input type="checkbox"/> My sex life is nearly normal, but is very painful <input type="checkbox"/> My sex life is severely restricted by pain <input type="checkbox"/> My sex life is nearly absent because of pain <input type="checkbox"/> Pain prevents any sex life at all
<b>SECTION 9: SOCIAL LIFE</b>	<b>SECTION 10: TRAVELING</b>
<input type="checkbox"/> My social life is normal and gives me no extra pain <input type="checkbox"/> My social life is normal, but increases the degree of pain <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, eg. dancing, etc. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often <input type="checkbox"/> Pain has restricted my social life to my home <input type="checkbox"/> I have no social life because of pain	<input type="checkbox"/> I can travel anywhere without extra pain <input type="checkbox"/> I can travel anywhere but it gives me extra pain <input type="checkbox"/> Pain is bad, but I can manage journeys over 2 hours <input type="checkbox"/> Pain restricts me to journeys of less than 1 hour <input type="checkbox"/> Pain restricts me from short necessary trips under 30 mins. <input type="checkbox"/> Pain prevents me from traveling except to the doctor or the hospital

## COMMENTS