



## OSWESTRY

Date: \_\_\_\_\_

How long have you had back pain? \_\_\_\_\_ Years / Months / Weeks

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This questionnaire has been designed to give information as to how your back pain has affected your ability to manage in everyday life. Please answer every section by placing a mark in the *one box* which best describes your condition today. Please mark only the box that most closely describes your current condition.

### Pain Intensity

- 5  I can tolerate the pain I have without having to use pain medication.
- 4  The pain is bad, but I can manage without having to take pain medication.
- 3  Pain medication provides me with complete relief from pain.
- 2  Pain medication provides me with moderate relief from pain
- 1  Pain medication provides me with very little relief from pain.
- 0  Pain medication has no effect on my pain.

### Personal Care (eg, Washing, Dressing)

- 5  I can take care of myself normally without causing increased pain.
- 4  I can take care of myself normally, but it increases my pain.
- 3  It is painful to take care of myself, and I am slow and careful.
- 2  I need help, but I am able to manage most of my personal care.
- 1  I need help everyday in most aspects of my care.
- 0  I do not get dressed, wash with difficulty, and stay in bed.

### Lifting

- 5  I can lift heavy weights without increased pain.
- 4  I can lift heavy weights, but it causes increased pain.
- 3  Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (eg, on a table).
- 2  Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they're conveniently positioned.
- 1  I can lift only very light weights.
- 0  I cannot lift or carry anything at all.

### Walking

- 5  Pain does not prevent me from walking any distance.
- 4  Pain prevents me from walking more than 1 mile.
- 3  Pain prevents me from walking more than 1/2 mile.
- 2  Pain prevents me from walking more than 1/4 mile.
- 1  I can only walk with crutches or a cane.
- 0  I am in bed most of the time and have to crawl to the toilet.

### Sitting

- 5  I can sit in any chair as long as I like.
- 4  I can only sit in my favorite chair as long as I like.
- 3  Pain prevents me from sitting more than 1 hour.
- 2  Pain prevents me from sitting more than 1/2 hour.
- 1  Pain prevents me from sitting more than 10 minutes.
- 0  Pain prevents me from sitting at all.



### Standing

- 5  I can stand as long as I want without increased pain.
- 4  I can stand as long as I want, but it increases my pain.
- 3  Pain prevents me from standing more than 1 hour.
- 2  Pain prevents me from standing more than ½ hour.
- 1  Pain prevents me from standing more than 10 minutes.
- 0  Pain prevents me from standing at all.

### Sleeping

- 5  Pain does not prevent me from sleeping well.
- 4  I can sleep well only by using pain medication.
- 3  Even when I take pain medication, I sleep less than 6 hours.
- 2  Even when I take pain medication, I sleep less than 4 hours.
- 1  Even when I take pain medication, I sleep less than 2 hours.
- 0  Pain prevents me from sleeping at all.

### Social Life

- 5  My social life is normal and does not increase my pain.
- 4  My social life is normal, but increases my level of pain.
- 3  Pain prevents me from participating in more energetic activities (eg, sports, dancing).
- 2  Pain prevents me from going out very often.
- 1  Pain has restricted my social life to my home.
- 0  I have hardly any social life because of my pain.

### Traveling

- 5  I can travel anywhere without increased pain.
- 4  I can travel anywhere, but it increases my pain.
- 3  My pain restricts my travel over 2 hours.
- 2  My pain restricts my travel over 1 hour.
- 1  My pain restricts my travel to short necessary journeys under ½ hour.
- 0  Pain prevents me from traveling except for visits to the physician/therapist or hospital.

### Employment/Homemaking

- 5  My normal homemaking/job activities do not cause pain.
- 4  My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- 3  I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
- 2  Pain prevents me from doing anything but light duties.
- 1  Pain prevents me from doing even light duties.
- 0  Pain prevents me from performing any job or homemaking chores.

**Score: For each section, assign a point value to each answer checked, with 5 for the top answer, descending down to 0 for the last answer. If more than one answer within a category was checked, score only the highest answer.**

- A. Total of scores from each section: \_\_\_\_\_
- B. Total number of sections answered X 5: \_\_\_\_\_
- C. **Final score = A / B X 100** \_\_\_\_\_