OSWESTRY INDEX 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.

SECTION 1 - PAIN INTENSITY

- □ My pain is mild to moderate. I do not need pain killers.
- □ The pain is bad, but I manage without taking pain killers
- □ Pain killers give complete relief from pain.
- Deain killers give moderate relief from pain.
- □ Pain killers give very little relief from pain.
- Pain killers have no effect on the pain.

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, and I am slow and careful.
- □ I need some help but manage most of my personal care.
- □ I need help every day in most aspects of self -care.
- □ I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3 - LIFTING

- □ I can lift heavy weights without causing extra pain.
- □ I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, ie. on a table.
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- □ I can lift only very light weights.
- □ I cannot lift or carry anything at all.

SECTION 4 - WALKING

- □ I can walk as far as I wish.
- □ Pain prevents me from walking more than 1 mile.
- □ Pain prevents me from walking more than 1/2 mile.
- □ Pain prevents me from walking more than 1/4 mile.
- □ I can walk only if I use a cane or crutches.
- □ I am in bed or in a chair for most of every day.

SECTION 5 - SITTING

- □ I can sit in any chair for as long as I like.
- □ I can sit in my favorite chair only, but for as long as I like.
- □ Pain prevents me from sitting for more than 1 hour.
- □ Pain prevents me from sitting for more than 1/2 hour.
- □ Pain prevents me from sitting for more than 10 minutes.
- □ Pain prevents me from sitting at all

SECTION 6 - STANDING

- □ I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives me extra pain
- □ Pain prevents me from standing for more than 1 hour
- □ Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- □ Pain prevents me from standing at all.

SECTION 7 - SLEEPING

- □ Pain does not prevent me from sleeping well.
- □ I sleep well but only when taking medication.
- Even when I take medication, I sleep less than 6 hours.
- Even when I take medication, I sleep less than 4 hours.
- Even when I take medication, I sleep less than 2 hours.
- □ Pain prevents me from sleeping at all.

SECTION 8 - SOCIAL LIFE

- □ Social life is normal and causes me no extra pain.
- □ Social life is normal, but increases the degree of pain.
- Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
- Pain has restricted my social life, and I do not go out as often.
- □ Pain has restricted my social life to my home.
- □ I have no social life because of pain.

SECTION 9 - SEXUAL ACTIVITY

- Sexual activity is normal and causes no extra pain.
- □ Sexual activity is normal, but causes some extra pain.
- Sexual activity is nearly normal, but is very painful.
- Sexual activity is severely restricted by pain.
- □ Sexual activity is nearly absent because of pain.
- Pain prevents any sexual activity at all.

SECTION 10 - TRAVELING

- □ I can travel anywhere without extra pain.
- □ I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- □ Pain restricts me to necessary journeys under ½ hr.
- Pain prevents traveling except to the doctor/hospital.

Additional Comments:			
PATIENT NAME	PATIENT SIGNATURE		_
EXAMINER	Date	Score [50]	J

Permission from Hudson-Cook N, Tomes-Nicholson K, Breen AC. A Revised Oswestry Back Disability Questionnaire. Manchester Univ Press, 1989.