

OSWESTRY QUESTIONNAIRE

Name: _____

Date: _____

COMPLETE THE FOLLOWING **ONLY** IF YOU HAVE BACK OR NECK PAIN.

Instructions: Please circle the one answer in each section that best applies to your condition.

PAIN INTENSITY

- 0 I can tolerate my pain without having to use pain killers.
- 1 My pain is bad but I manage without taking pain killers.
- 2 Pain killers give me complete relief from my pain.
- 3 Pain killers give me moderate relief from my pain.
- 4 Pain killers give me very little relief from my pain.
- 5 Pain killers have no effect on my pain and I do not use them.

PERSONAL CARE (washing, dressing, etc.)

- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help but I manage most of my personal care.
- 4 I need help every day in most aspects of self care.
- 5 I do not get dressed, wash with difficulty, and stay in bed.

LIFTING

- 0 I can lift heavy objects without extra pain.
- 1 I can lift heavy objects but it gives me extra pain.
- 2 Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned.
- 3 Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.
- 4 I can only lift very light objects.
- 5 I cannot lift or carry anything at all.

WALKING

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking more than ¼ mile.
- 4 I can only walk using a cane or crutches.
- 5 I am in bed most of the time and have to crawl to the toilet.

SITTING

- 0 I can sit in any chair as long as I like.
- 1 I can sit in any favorite chair as long as I like.
- 2 Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than ½ hour.
- 4 Pain prevents me from sitting more than 10 minutes.
- 5 Pain prevents me from sitting at all.

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STANDING

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

SLEEPING

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

SEX LIFE

- 0 My sex life is normal and causes me no extra pain.
- 1 My sex life is normal but causes me some extra pain.
- 2 My sex life is nearly normal but is very painful.
- 3 My sex life is severely restricted by pain.
- 4 My sex life is nearly absent because of pain.
- 5 Pain prevents any sex life at all.

SOCIAL LIFE

- 0 My social life is normal and causes me no extra pain.
- 1 My social life is normal but increases the degree of pain.
- 2 Pain has no significant effect on my social life apart from limiting my more energetic interests like dancing, etc.
- 3 Pain has restricted my social life and I do not go out as often.
- 4 Pain has restricted my social life to my home.
- 5 I have no social life because of pain.

TRAVELING

- 0 I can travel anywhere without pain.
- 1 I can travel anywhere but it gives me extra pain.
- 2 Pain is bad but I manage journeys over 2 hours.
- 3 Pain restricts me to journeys of less than 1 hour.
- 4 Pain restricts me to short necessary journeys under ½ hour.
- 5 Pain prevents me from traveling except to the doctor or hospital.