Oswestry Back Pain - Modified This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which MOST CLOSELY describes your problem.	
 □ The pain is mild and comes and goes. □ The pain is mild and does not vary much. □ The pain is moderate and comes and goes. □ The pain is moderate and does not vary much. □ The pain is very severe and comes and goes. □ The pain is severe and does not vary much. 	□ I can stand as long as I want without increased pain. □ I can stand as long as I want but my pain increases with time. □ Pain prevents me from standing for more than 1 hour. □ Pain prevents me from standing for more than ½ hour. □ Pain prevents me from standing for more than 10 minutes. □ I avoid standing because it increases my pain right away.
Section 2 – Personal Care (Washing, Dressing, etc.)	Section 7 - Sleeping
 □ I do not have to change the way I wash and dress myself to avoid pain. □ I do not normally change the way I wash or dress myself even though it causes some pain. □ Washing and dressing increases my pain, but I can do it without changing my way of doing it. □ Washing and dressing increases my pain, and I find it necessary to 	 □ I get no pain when I am in bed. □ I get pain in bed but it does not prevent me from sleeping well. □ Because of my pain, my sleep is only ¾ of my normal amount. □ Because of my pain, my sleep is only ½ of my normal amount. □ Because of my pain, my sleep is only ¼ of my normal amount. □ Pain prevents me from sleeping at all.
change the way I do it.	Section 8 – Social Life
 □ Because of my pain I am partially unable to wash and dress without help. □ Because of my pain I am completely unable to wash or dress without help. 	 □ My social life is normal and does not increase my pain. □ My social life is normal, but it increases my level of pain. □ Pain prevents me from participating in more energetic activities. (Ex
Section 3 - Lifting	sports, dancing ect.) □ Pain prevents me from going out very often.
☐ I can lift heavy weights without extra pain. ☐ I can lift heavy weights but it causes increased pain.	 □ Pain has restricted my social life to my home. □ I have hardly any social life because of my pain.
□ Pain prevents me from lifting heavy objects off of the floor, but I can manage if they are conveniently positioned. I.e. on the table.	Section 9 - Traveling
□ Pain prevents me from lifting heavy weights off of the floor but I can manage light to medium weights if they are conveniently positioned. □ I can lift only very light weights. □ I cannot lift or carry anything at all.	 □ I get no increased pain when traveling. □ I get some pain while traveling, but none of my usual forms of travel make it any worse. □ I get increased pain while traveling, but it does not cause me to seek alternative forms of travel. □ I get increased pain while traveling which causes me to seek alternative
Section 4 – Walking	forms of travel.
$\hfill I$ have no pain when walking. $\hfill I$ have pain when walking, but I can still walk my required normal distances.	 □ My pain restricts all forms of travel except that which is done while I am lying down. □ My pain restricts all forms of travel.
 □ Pain prevents me from walking long distances. □ Pain prevents me from walking intermediate distances. 	Section 10 – Employment/Homemaking
☐ Pain prevents me from walking even short distances. ☐ Pain prevents me from walking at all.	☐ My normal job/homemaking activities do not cause pain. ☐ My normal job/homemaking activities increase my pain, but I can still
Section 5 - Sitting	perform all that is required of me. □ I can perform most of my job/homemaking activities, but pain prevents
□ Sitting does not cause me any pain. □ I can only sit as long as I like providing that I have my choice of seating surfaces. □ Pain prevents me from sitting for more than I hour.	me from performing more physically stressful activities. (Ex. Lifting, vacuuming) □ Pain prevents me from doing anything but light duties. □ Pain prevents me from doing even light duties.

☐ Pain prevents me from performing any job or homemaking chores.

□ Pain prevents me from sitting for more than 1 hour.

□ Pain prevents me from sitting for more than ½ hour. □ Pain prevents me from sitting for more than 10 minutes.

☐ Pain prevents me from sitting at all.

Patient's Name _____ Date ____