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# REVISED OSWESTRY PAIN QUESTIONNAIRE

**Patient's Name** _____ **Date** _____

**PLEASE READ: Answer each of the 10 sections by marking the ONE BOX that most applies to your LOW BACK PAIN.**

**SECTION 1: Pain Intensity**
- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

**SECTION 2: Personal Care**
- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes me some pain.
- ☐ Washing and dressing increase the pain but I manage not to change my way of doing it.
- ☐ Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing or dressing without help.

**SECTION 3: Lifting**
- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☐ Pain prevents me lifting heavy weights off the floor.
- ☐ Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently positioned (e.g., on a table).
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift very light weights at the most.

**SECTION 4: Walking**
- ☐ I have no pain on walking.
- ☐ I have some pain on walking but it does not increase with distance.
- ☐ I cannot walk more than 1 mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk at all without increasing pain.

**SECTION 5: Sitting**
- ☐ I can sit in any chair as long as I like.
- ☐ I can sit only in my favorite chair as long as I like.
- ☐ Pain prevents me sitting more than 1 hour.
- ☐ Pain prevents sitting more than ½ hour.
- ☐ Pain prevents me sitting more than 10 minutes.
- ☐ I avoid sitting because it increases pain immediately.

**SECTION 6: Standing**
- ☐ I can stand as long as I want without pain.
- ☐ I have some pain on standing but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than ½ hour without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain right away.

**SECTION 7: Sleeping**
- ☐ I get no pain in bed.
- ☐ I get pain in bed but it does not prevent me from sleeping well.
- ☐ Because of my pain my normal night's sleep is reduced by less than ¼.
- ☐ Because of my pain my normal night's sleep is reduced by less than ½.
- ☐ Because of my pain my normal night's sleep is reduced by less than ¾.
- ☐ Pain prevents me from sleeping at all.

**SECTION 8: Social Life**
- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal but increases the degree of my pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- ☐ Pain has restricted my social life and I do not go out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

**SECTION 9: Travel**
- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling but none of my usual forms of travel make it any worse.
- ☐ I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling which compels me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

**SECTION 10: Changing Degree of Pain**
- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates but overall is definitely getting better.
- ☐ My pain seems to be getting better but improvement is slow at present.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

**How Strong is Your Pain?**

**Please place an "X" on the line below at the point which you feel represents your pain right now.**

**No Pain** ←——————————————→ **Excruciating (the worst possible)**

Source: Roland MO, Jenner JR. Back Pain: New Approaches to Rehabilitation and Education. NY: Manchester Press; 1989.

Updated 2/08