

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
PT – OSWESTRY LOW BACK PAIN QUESTIONNAIRE – REVISED
 (HUDSON – COOK, ET AL; 1989)

Score: _____

Please read: This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage in everyday life. Please answer every section. Mark in each section *only the one line that applies to you*. We realize you may consider that two of the statements in a section relate to you, however please only **mark the line, which most closely describes your problem**.

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 it's moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and it's severe.
- The pain is severe and does not vary much.

Section 2 – PERSONAL CARE

- I can look after myself 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 everyday in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

Section 3 – LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned (ie on a table).
- Pain prevents me from lifting heavy weights but I can manage light to medium if they are conveniently positioned.
- I cannot lift or carry anything at all.

Section 4 – WALKING

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

Section 5 – SITTING

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than a ½ hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

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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 for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 - SLEEPING

- Pain does not prevent me from sleeping well.
- I can sleep well only by using medication.
- Even when I take meds I have less than 6 hours of sleep.
- Even when I take meds I have less than 4 hours of sleep.
- Even when I take meds I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Section 8 – SOCIAL LIFE

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my energetic interests, e.g. dancing, etc.
- Pain has restricted my social life and I do not go out often.
- I can lift only very light weights.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 9 - TRAVELING

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage trips over 2 hours.
- Pain restricts me to trips of less than 1 hour.
- Pain restricts me to short, necessary trips under 30 minutes.
- Pain restricts me from traveling except to the doctor hospital.

Section 10 – CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates but overall is defiantly 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.