

REVISED OSWESTRY INDEX

Name: _____ Date: ____/____/____ File#: _____

This questionnaire helps the doctor to understand how much your **low back pain** has affected your ability to perform everyday activities. Please check **only one box** in each section that most clearly describes your problem right now.

<p style="text-align: center;">SECTION 1 – PAIN INTENSITY</p> <p><input type="checkbox"/> The pain comes and goes and is very mild.</p> <p><input type="checkbox"/> The pain is mild and does not vary much.</p> <p><input type="checkbox"/> The pain comes and goes and is moderate.</p> <p><input type="checkbox"/> The pain is moderate and does not vary much.</p> <p><input type="checkbox"/> The pain comes and goes and is severe.</p> <p><input type="checkbox"/> The pain is severe and does not vary much.</p>	<p style="text-align: center;">SECTION 6 – STANDING</p> <p><input type="checkbox"/> I can stand as long as I want without pain.</p> <p><input type="checkbox"/> I have some pain on standing, but it does not increase with time.</p> <p><input type="checkbox"/> I cannot stand for longer than one hour without increasing pain.</p> <p><input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain.</p> <p><input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain.</p> <p><input type="checkbox"/> I avoid standing because it increases the pain immediately.</p>
<p style="text-align: center;">SECTION 2 – PERSONAL CARE (WASHING, DRESSING, ETC.)</p> <p><input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain.</p> <p><input type="checkbox"/> I do not normally change my way of washing and dressing even though it causes pain.</p> <p><input type="checkbox"/> Washing and dressing increase the pain, but I manage not to change my way of doing it.</p> <p><input type="checkbox"/> Washing and dressing increase the pain and I find it necessary to change my way of doing it.</p> <p><input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help.</p> <p><input type="checkbox"/> Because of the pain, I am unable to do any washing and dressing without help.</p>	<p style="text-align: center;">SECTION 7 – SLEEPING</p> <p><input type="checkbox"/> I get no pain in bed.</p> <p><input type="checkbox"/> I get pain in bed but it does not prevent me from sleeping.</p> <p><input type="checkbox"/> Because of my pain, my normal night's sleep is reduced by less than ¼.</p> <p><input type="checkbox"/> Because of my pain, my normal night's sleep is reduced by less than ½.</p> <p><input type="checkbox"/> Because of my pain, my normal night's sleep is reduced by less than ¾.</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all.</p>
<p style="text-align: center;">SECTION 3 – LIFTING</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can only lift very light weights at the most.</p>	<p style="text-align: center;">SECTION 8 – SOCIAL LIFE</p> <p><input type="checkbox"/> My social life is normal and gives me no pain.</p> <p><input type="checkbox"/> My social life is normal, but increases the degree of pain.</p> <p><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.</p> <p><input type="checkbox"/> Pain has restricted my social life and I do not go out very often.</p> <p><input type="checkbox"/> Pain has restricted my social life to my home.</p> <p><input type="checkbox"/> I have hardly any social life because of my pain.</p>
<p style="text-align: center;">SECTION 4 – WALKING</p> <p><input type="checkbox"/> I have no pain on walking.</p> <p><input type="checkbox"/> I have some pain on walking but it does not increase with distance.</p> <p><input type="checkbox"/> I cannot walk more than one mile without increasing pain.</p> <p><input type="checkbox"/> I cannot walk more than 1/2 mile without increasing pain.</p> <p><input type="checkbox"/> I cannot walk more than 1/4 mile without increasing pain.</p> <p><input type="checkbox"/> I cannot walk at all without increasing pain.</p>	<p style="text-align: center;">SECTION 9 – TRAVELING</p> <p><input type="checkbox"/> I get no pain while traveling.</p> <p><input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel make it worse.</p> <p><input type="checkbox"/> I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.</p> <p><input type="checkbox"/> I get extra pain while traveling which compels me to seek alternative forms of travel.</p> <p><input type="checkbox"/> Pain restricts all forms of travel.</p> <p><input type="checkbox"/> Pain prevents all forms of travel except that done lying down.</p>
<p style="text-align: center;">SECTION 5 – SITTING</p> <p><input type="checkbox"/> I can sit in any chair as long as I like without pain.</p> <p><input type="checkbox"/> I can sit only in my favorite chair as long as I like.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 10 minutes.</p> <p><input type="checkbox"/> I avoid sitting because it increases pain immediately.</p>	<p style="text-align: center;">SECTION 10 – CHANGING DEGREE OF PAIN</p> <p><input type="checkbox"/> My pain is rapidly getting better.</p> <p><input type="checkbox"/> My pain fluctuates, but overall is definitely getting better.</p> <p><input type="checkbox"/> My pain seems to be getting better, but improvement is slow.</p> <p><input type="checkbox"/> My pain is neither getting better nor getting worse.</p> <p><input type="checkbox"/> My pain is gradually worsening.</p> <p><input type="checkbox"/> My pain is rapidly worsening.</p>

_____ / 50 = _____ % Disability = _____ (Low Back)