orthopedic ONE

OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Today's date: _____   Date of birth: _____

Name: _____

For Office Use: Date of Surgery: _____
☐ Pre-operative   ☐ 3 month follow up   ☐ 6 month follow up   ☐ 1 year follow up   ☐ Annual

INSTRUCTIONS: This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by placing a mark in each section for the statement that best applies to you. **We realize you may consider that two or more statements in any one section apply, but please just check the box that indicates the statement which most clearly describes your problem.**

1. Pain Intensity
   - ☐ I have no pain at the moment
   - ☐ The pain is very mild at the moment
   - ☐ The pain is moderate at the moment
   - ☐ The pain is fairly severe at the moment
   - ☐ The pain is very severe at the moment
   - ☐ The pain is the worst imaginable at the moment

2. Personal Care (Washing, Dressing, etc.)
   - ☐ I can look after myself normally, 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 every day in most aspects of self-care
   - ☐ I do not get dressed; I wash with difficulty and stay in bed

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, for example, on a table
   - ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
   - ☐ I can lift very light weights
   - ☐ I cannot lift or carry anything at all

4. Walking
   - ☐ Pain does not prevent me walking any distance
   - ☐ Pain prevents me walking more than one mile
   - ☐ Pain prevents me walking more than a quarter of a mile
   - ☐ Pain prevents me walking more than 100 yards.
   - ☐ I can only walk using a stick or crutches
   - ☐ I am only in bed most of the time and have to crawl to the toilet

Please continue to page 2 for the remaining questions – thank you

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Name: _____

5. Sitting
- ☐ I can sit in any chair as long as I like
- ☐ I can sit in my favorite chair as long as I like
- ☐ Pain prevents me from sitting for more than 1 hour
- ☐ Pain prevents me from sitting for more than half an hour
- ☐ Pain prevents me from sitting for more than 10 minutes
- ☐ Pain prevents me from sitting at all

6. Standing
- ☐ I can stand as long as I want without additional pain
- ☐ I can stand as long as I want but it gives me additional pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than half an hour
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

7. Sleeping
- ☐ My sleep is never interrupted by pain
- ☐ My sleep is occasionally interrupted by pain
- ☐ Because of pain, I have less than 6 hours of sleep
- ☐ Because of pain, I have less than 4 hours of sleep
- ☐ Because of pain, I have less than 2 hours of sleep
- ☐ Pain prevents me from sleeping at all

8. Social Life
- ☐ My social life is normal and causes me no additional 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 more energetic interests, e.g. sport, etc.
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted social life to my home
- ☐ I have no social life due to pain

9. Traveling
- ☐ I can travel anywhere without pain.
- ☐ I can travel anywhere but it gives additional pain
- ☐ Pain is bad but I manage trips over two hours
- ☐ Pain restricts me to trips of less than one hour
- ☐ Pain restricts me to short necessary trips of under 30 minutes
- ☐ Pain prevents me from traveling except to receive treatment

10. Employment / Homemaking
- ☐ My normal homemaking/ job activities do not cause pain
- ☐ My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me
- ☐ I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. 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