

Modified Oswestry Low Back Pain Questionnaire

Patient Name: _____ Age: _____ Gender: _____ Date: _____ Initial _____ Final _____

This questionnaire has been designed to give the physical therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark the box that applies to you. In an instance where two statements in any one section may relate to you, please mark the one box that most closely describes your problem.

Pain Intensity

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad but I can manage without having to take pain medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication has no effect on my pain.

Personal Care (Washing, dressing, etc.)

- I can take care of myself without causing increased pain.
- I can take care of myself normally but it increases my pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but I am able to manage most of my personal care.
- I need help everyday in most aspects of my care.
- I do not get dressed, wash with difficulty and stay in bed.

Lifting

- I can lift heavy weights without increased pain.
- I can lift heavy weights but it causes increased pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- 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 only lift very light weights.
- I cannot lift or carry anything at all.

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 a 1/2 mile.
- Pain prevents me from walking more than a 1/4 mile.
- I can walk only with crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet.

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 for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Standing

- I can stand as long as I want without increased pain.
- I can stand as long as I want but it increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Sleeping

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

Social Life

- 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, such as dancing or sports.
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of my pain.

Traveling

- I can travel anywhere without increased pain
- I can travel anywhere but it increases my pain.
- My pain restricts my travel over 2 hours.
- My pain restricts my travel over 1 hour.
- My pain restricts my travel to short, necessary journeys under 1/2 hour.
- My pain prevents all travel except for visits to the physician/therapist or hospital.

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, such as vacuuming or lifting.
- 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.

First box in each section = 0; Second box in each section = 1; Third box in each section = 2; Fourth box in each section = 3; Fifth box in each section = 4; Sixth box in each section = 5.

Add the sections' scores and divide that number by 50, then multiply by 100. If one section is not complete, divide total by 45; if two sections are incomplete, divide total by 40, etc.