

Oswestry Pain Questionnaire – Lumbar

Metropolitan Neurosurgery

Name _____

Date _____

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. **Please answer every section and select only one box which applies to you.** We realize you may consider two statements in any one section, **but please mark the box which most closely describes your problem right now.**

Section 1 – Pain Intensity (select only one)

- I have no pain at the moment. (0)
- The pain is very mild at the moment. (1)
- The pain is moderate at the moment. (2)
- The pain is fairly severe at the moment. (3)
- The pain is very severe at the moment. (4)
- The pain is the worst imaginable at the moment. (5)

Section 2 – Personal Care (washing, dressing, etc)

- I can look after myself normally with no extra pain. (0)
- I can look after myself normally but it is very painful. (1)
- It is painful to look after myself; I am slow and careful. (2)
- I need some help but manage most of my personal care (3)
- I need help every day in most aspects of my care. (4)
- I don't get dressed, I wash with difficulty and stay in bed. (5)

Section 3 – Lifting (select only one)

- I can lift heavy weights without extra pain. (0)
- I can lift heavy weights but it gives me additional pain. (1)
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, i.e. on a table. (2)
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. (3)
- I can only lift very light weights. (4)
- I cannot lift or carry anything at all. (5)

Section 4 – Walking (select only one)

- Pain does not prevent me walking any distance. (0)
- Pain prevents me from walking more than 1 mile. (1)
- Pain prevents me from walking more than 1/4 mile. (2)
- Pain prevents me from walking more than 100 yards. (3)
- I can only walk using a cane or crutches. (4)
- I am in bed most of the time. (5)

Section 5 – Sitting (select only one)

- I can sit in any chair as long as I like. (0)
- I can only sit in my favorite chair as long as I like. (1)
- Pain prevents me from sitting more than 1 hour. (2)
- Pain prevents me from sitting more than 1/2 hour. (3)
- Pain prevents me from sitting more than 10 minutes. (4)
- Pain prevents me from sitting at all. (5)

Section 6 – Standing (select only one)

- I can stand as long as I want without extra pain. (0)
- I can stand as long as I want but it gives me extra pain. (1)
- Pain prevents me from standing for more than 1 hour. (2)
- Pain prevents me from standing for more than 1/2 hour. (3)
- Pain prevents me from standing for more than 10 min. (4)
- Pain prevents me from standing at all. (5)

Section 7 – Sleeping (select only one)

- My sleep is not interrupted by pain. (0)
- My sleep is occasionally interrupted by pain. (1)
- Because of my pain I have less than 6 hrs of sleep. (2)
- Because of my pain I have less than 4 hrs of sleep. (3)
- Because of my pain I have less than 2 hrs of sleep. (4)
- Pain prevents me from sleeping at all (5)

Section 8 – Social Life (select only one)

- My social life is normal and gives me no extra pain. (0)
- My social life is normal but increases the degree of pain. (1)
- Pain has no significant effect on my social life apart from limiting my more energetic interests, sports, dancing etc (2)
- Pain has restricted my social life and I do not go out as often. (3)
- Pain has restricted my social life to my home. (4)
- I have no social life because of pain. (5)

Section 9 – Traveling (select only one)

- I can travel anywhere without extra pain. (0)
- I can travel anywhere but it gives me additional pain. (1)
- Pain is bad but I manage travel over two hours. (2)
- Pain restricts me to travel of less than one hour. (3)
- Pain restricts me to short necessary travel of less than 30 minutes. (4)
- Pain prevents me from traveling except to the doctor or hospital. (5)

Section 10 – Recreation (select only one)

- I am able to engage in all my recreational activities. (0)
- I am able to engage in all of my recreational activities, with some pain in my back. (1)
- I am able to engage in most, but not all of my usual recreational activities because of pain in my back. (2)
- I am able to engage in only a few of my usual recreational activities because of pain in my back. (3)
- I can hardly do any recreational activities because of pain. (4)

To be completed by office:

Patient #: _____

Appointment Type: _____

Doctor Name: _____

Scoring:

10/10 answered: Total score/50 X 100= total percent

Example: Score total is 14 divided by 50= .28 or 28%

9/10 answered: Total score/45 X 100= total percent

Example: Score total is 12 divided by 45 = 26.66 or 27%

Score total _____

Divide by

(5 x # of questions answered) _____

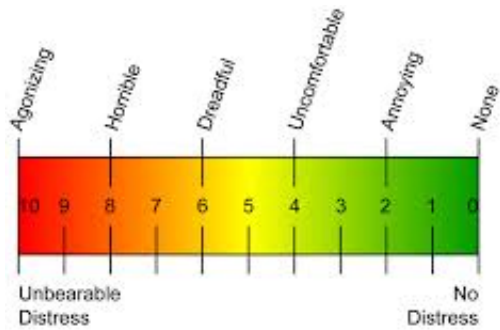
Total percent _____

Metropolitan Neurosurgery

Name _____

Date _____

Please rate your pain using the scales below.

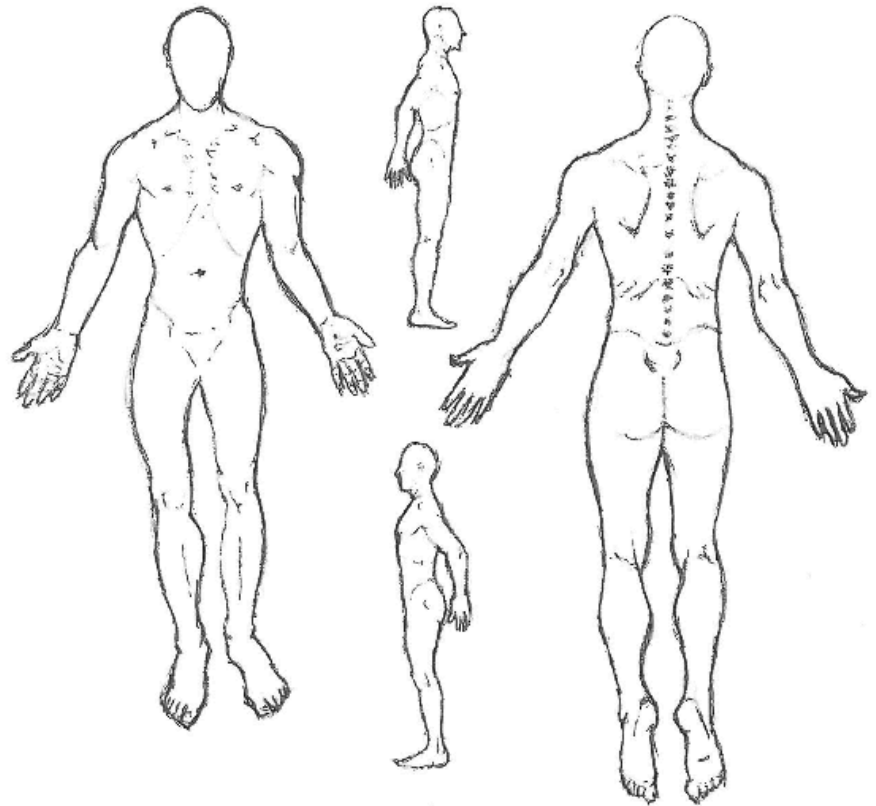


THE REVISED OSWESTRY PAIN QUESTIONNAIRE

NAME _____ DATE _____

How long have you had back pain _____ years _____ months _____ weeks

On the diagram below, please indicate where you are experiencing pain *right now*. Please complete both sides of this form.



A = Ache B = Burning N = Numbness
P = Pins and Needles S = Stabbing O = Other