

Oswestry Pain Questionnaire- Lumbar

Metropolitan Neurosurgery

Name: _____

Date: _____

This questionnaire has been designed to give the doctor information as to how your lumbar pain has affected your ability to manage in everyday life. 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)

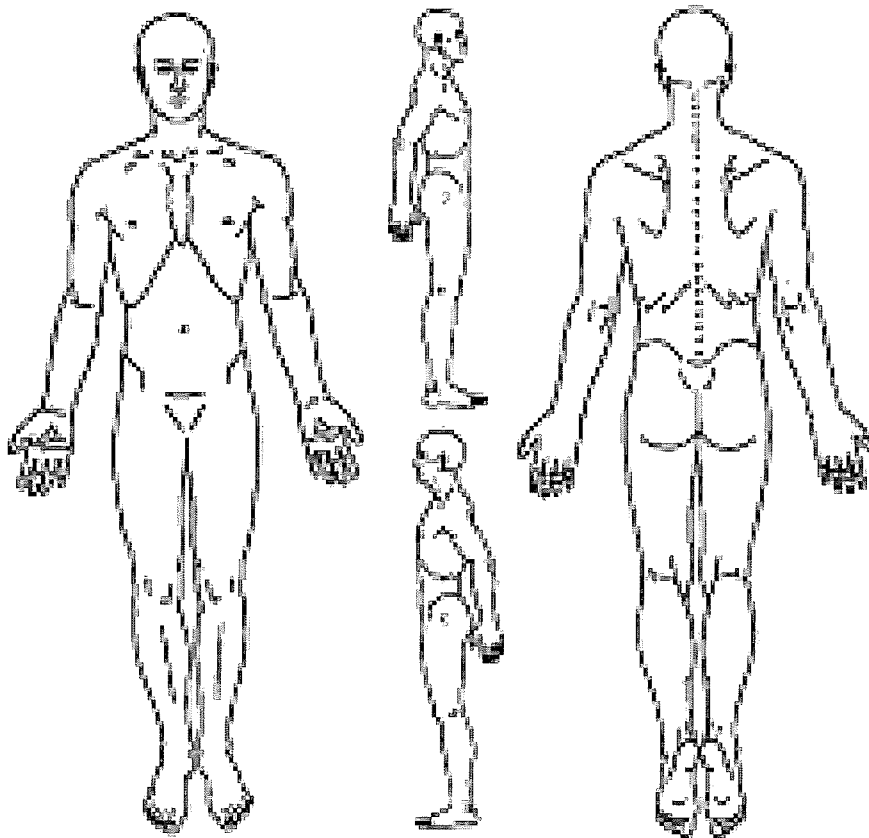
- My sleep is not interrupted by pain. (0)
- My sleep is occasionally interrupted by pain. (1)
- Because of my pain I have less than 6 hrs of sleep. (2)
- Because of my pain I have less than 4 hrs of sleep. (3)
- Because of my pain I have less than 2 hrs of sleep. (4)
- Pain prevents me from sleeping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



A = ACHE

P = PINS & NEEDLES

B = BURNING

S = STABBING

N = NUMBNESS