

AID Performance Physical Therapy, LLC

Oswestry Back Pain Questionnaire

Name: _____ Date _____

How long have you had Low Back Pain?

_____ Years _____ Months _____ Weeks _____ Days

Is this your first episode of Low Back Pain Yes No

Please just mark the **ONE** box which most closely describes your problem.

SECTION 1- Pain Intensity

The pain:

- Comes and goes and is very mild.
- Is mild and does not vary much.
- Comes and goes and is moderate.
- Is moderate and does not vary much.
- Comes and goes and is very severe.
- Is severe and does not vary much.

SECTION 2- Personal Care

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increase the pain but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of pain I am unable to do some washing and dressing without help.
- Because of pain I am unable to do any washing and dressing without help.

SECTION 3- Lifting

I can lift heavy weights:

- Without extra pain.
- But it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

SECTION 4- Walking

When walking:

- I have no pain.
- I have some pain but it does not increase with distance.
- I cannot walk more than a mile without increasing pain.
- I cannot walk more than ½ mile without increasing pain.
- I cannot walk more than ¼ mile without increasing pain.
- I cannot walk at all without increasing pain.

SECTION 5- Sitting

I can sit:

- In any chair as long as I like.

- Only 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 ½ hour.
- Pain prevents me from sitting for more than 10 minutes.
- I avoid sitting because it increases pain straight away.

SECTION 6- Standing

- I can stand as long as I want without pain.
- I have some pain with standing but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than ½ hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain straight away.

SECTION 7- Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal night sleep is reduced by less than ¼.
- Because of pain my normal night sleep is reduced by less than ½.
- Because of pain my normal night sleep is reduced by less than ¾.
- Pain prevents me from sleeping at all.

SECTION 8- Social Life

My social life is:

- Normal and gives me no pain.
- Normal but increases the degree of my pain.
- Pain has no significant effect on it apart from limiting my more energetic interests, e.g. dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

SECTION 9- Traveling

While traveling:

- I get no pain.
- I get some pain but none of my usual forms of traveling make it worse.
- I get extra pain but it does not compel me to seek alternative forms of travel.
- I get extra pain which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

SECTION 10- Changing Degree of Pain

My Pain:

- Is rapidly getting better.
- Fluctuates but overall is definitely getting better.
- Seems to be getting better but improvement is slow at present.
- Is neither getting better or worse.
- Is gradually worsening.
- Is rapidly worsening.