



Buffalo Back & Neck Physical Therapy, P.C.

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OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Name: _____ Date: _____

ANSWER ALL QUESTIONS BELOW BY MARKING IN EACH SECTION THE ONE BOX THAT BEST DESCRIBES HOW YOUR SYMPTOMS AFFECT YOUR ABILITY TO FUNCTION FOR THAT SECTION.

SECTION 1 – PAIN INTENSITY

- I have no pain.
- I have not pain, but when I move a certain way I have some pain.
- I have minimal pain most of the time.
- I have moderate pain most of the time.
- I have severe pain most of the time.
- I have intense / intolerable pain most of the time.

SECTION 2 – PERSONAL CARE (washing, dressing, etc)

- I can take care of myself normally without extra pain.
- I can take care of myself normally but it causes extra pain
- It is painful to look after myself and I am slow & 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, wash with difficulty, and stay in bed.

SECTION 3- LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weight, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor but I manage if they are conveniently positioned (ie: on table)
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

SECTION 4 - WALKING

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than ½ mile.
- Pain prevents me walking more than ¼ mile.
- I can only walk using a cane or crutches
- I am in bed most of the time.

SECTION 5 – SITTING

- I can sit in any chair as long as I like.
- I can only sit on my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 min.
- Pain prevents me from sitting at all.

SECTION 6 – STANDING

- I can stand as long as I want without pain.
- I can stand as long as I want, but it gives extra pain.
- Pain prevents me from standing for more than 1 hr.
- Pain prevents me from standing for more than 30 min.
- Pain prevents me from standing for more than 10 min.
- Pain prevents me from standing at all.

SECTION 7 – SLEEPING

- Pain does not prevent me from sleeping well.
- I can sleep well only by taking medication.
- 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 because of pain.
- Pain prevents me from sleeping at all.

SECTION 8 – SEX LIFE

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

SECTION 9 – SOCIAL LIFE

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the pain.
- Pain has no significant effect on my social life apart from limiting more energetic interest, (ie: dancing, etc.)
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

SECTION 10 – TRAVELING

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage trips over 2 hours.
- Pain restricts me to trips less than 1 hour.
- Pain restricts me to trips less than 30 minutes.
- Pain prevents me from traveling except to the doctor or hospital.