**Back Questionnaire (Revised Oswestry)**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Section 1: Pain Intensity** | **Section 2: Personal Care (Washing, Dressing, etc.)** |
| ○ I can tolerate the pain without having to use painkillers.○ The pain is bad but I can manage without taking painkillers.○ Painkillers give **complete r**elief from pain.○ Painkillers give **moderate** relief from pain.○ Painkillers give **very little** relief from pain.○ Painkillers have **no effect** on the pain and I do not use them. | **○** I can look after myself normally without causing extra pain.○ I can look after myself normally but it causes extra pain.○ It is painful to look after myself and I am slow and 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, I wash with difficulty and stay in bed. |
| **Section 3: Lifting** | **Section 4: Walking** |
| ○ I **can** lift heavy weights **without** extra pain.○ I **can** lift heavy weights but it **gives extra pain**.○ Pain prevents me from lifting heavy weights off the floor, but I can manage **if** they are **conveniently positioned**, for example 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 lift very light weights.**○** I cannot lift or carry anything at all. | ○ Pain does not prevent me from walking any distance.○ Pain prevents me from walking **more than one mile.**○ Pain prevents me from walking **more than one-half mile.**○ Pain prevents me from walking **more than one-quarter mile.**○ I can only walk using a stick or crutches.○ I am in bed most of the time and have to crawl to the toilet. |
| **Section 5: Sitting** | **Section 6: Standing** |
| ○ 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 **more than one hour**.○ Pain prevents me from sitting **more than 30 minutes.**○ Pain prevents me from sitting **more than 10 minutes.**○ Pain prevents me from sitting almost all the time. | ○ I can stand as long as I want **without** extra pain.○ I can stand as long as I want but it **gives extra pain**.○ Pain prevents me from standing **more than 1 hour**.○ Pain prevents me from standing **more than 30 minutes.**○ Pain prevents me from standing **more than 10 minutes.**○ Pain prevents me from standing at all. |
| **Section 7: Sleeping** | **Section 8: Social Life** |
| ○ Pain does not prevent me from sleeping well.○ I can sleep well **only** by using tablets.○ Even when I take tablets I have **less than 6 hours sleep.**○Even when I take tablets I have **less than 4 hours sleep.**○Even when I take tablets I have **less than 2 hours sleep.**○ Pain prevents me from sleeping at all. | ○ My social life is normal and gives me no extra pain.○ My social life is normal but increases the degree of pain.○ Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing). ○ 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. |
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| **Section 9: Traveling** | **Section 10: Changing Degree of Pain** |
| ○ I can travel anywhere without extra pain.○ I can travel anywhere but it gives me extra pain.○ Pain is bad but I manage journeys **over 2 hours**.○ Pain is bad but I manage journeys **less than 1 hour.**○ Pain restricts me to short necessary journeys **under 30 minutes.**○ Pain prevents me from traveling except to the doctor or hospital. | ○ My pain is rapidly getting better.○ My pain fluctuates but overall is definitely getting better.○ My pain seems to be getting better, but improvement is slow at the present.○ My pain is neither getting better nor worse.○ My pain is gradually worsening.○ My pain is rapidly worsening. |

**Score:** \_\_\_\_\_\_\_\_/ 50

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