

Neurosurgery
Oswestry Low Back Pain

How long have you had back pain? ___ Years ___ Months ___ Weeks

Is this your first episode of low back pain? ___ Yes ___ No

This questionnaire has been designed to give your physician information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by only checking **one box**. We realize you may feel that two of the statements may describe your condition, but **PLEASE MARK ONLY THE LINE WHICH CLOSELY DESCRIBES YOUR CURRENT CONDITION.**

Pain Intensity

- ___ I have no pain at the moment.
- ___ The pain is very mild at the moment.
- ___ The pain is moderate at the moment.
- ___ The pain is fairly severe at the moment.
- ___ The pain is very severe at the moment.
- ___ The pain is the worst imaginable at the moment.

Personal Care

- ___ I can look after myself normally without causing extra pain.
- ___ I can look after myself normally but it gives me extra pain.
- ___ It is painful to look after myself and I am slow and careful.
- ___ I need some help but can 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.

Lifting

- ___ 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 of the floor, but I can manage if they are conveniently positioned (ex. On a table, ect.)
- ___ Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- ___ I can lift only very light weights at the most
- ___ I cannot lift or carry anything at all.

Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 2 kilometers.
- Pain prevents me from walking more than 1 kilometer.
- Pain prevents me from walking more than 500 meters.
- I can only walk using a stick or crutches.
- I am in bed most of the time.

Sitting

- I can sit as long as I like.
- I can only sit in my favorite chair for as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 30 minutes.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Standing

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

Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of my pain I have less than 6 hours of sleep.
- Because of my pain, I have less than 4 hours of sleep.
- Because of my pain, I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal, but it increases my level of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interest. (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 hardly any social life because of my pain.

