**Owestry Low Back Pain Scale**

Please rate the severity of your pain by circling a number below:

No Pain Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: please circle the **ONE NUMBER** in each section which most closely describes your problem

**Section One – Pain Intensity**

0- The pain comes and goes and is very mild

1- The pain is mild and does not vary much

2- The pain comes and goes and is moderate

3- The pain is moderate and does not vary much

4- The pain comes and goes and is severe

5- The pain is severe and does not vary much

**Section Two – Personal Care**

0- I do not have to change my way of washing or dressing in order to avoid pain

1- I do not normally change my way of washing or

dressing even though it causes some pain

2- Washing and dressing increase the pain but I

manage not to change my way of doing it

3- Washing and dressing increase the pain and I

find it necessary to change my way of doing it

4- Because of the pain I am unable to do some

washing and dressing without help

5- Because of the pain I am unable to do any

washing and dressing without help

**Section Three – Lifting**

0- I can lift heavy weights without extra pain

1- I can life heavy weights but it gives extra pain

2- Pain prevents me lifting heavy weights off the floor

3- Pain prevents me lifting heavy weights off the floor, but I can if they are conveniently positioned

4- Pain prevents me from lifting heavy weights but I can manage light weights if they are conveniently positioned

5- I can only life very light weights at most

**Section Four – Walking**

0- I have no pain on walking

1- Some pain walking but it does not increase distance

2- Cannot walk more than 1 mile w/o increasing pain

3- Cannot walk more than ½ mile w/o increasing pain

4- Cannot walk more than ¼ mile w/o increasing pain

5- I cannot walk at all without increasing pain

**Section Five – Sitting**

0- I can sit in any chair as long as I like

1- I can only sit in my favorite chair as long as I like

2- Pain prevents me from sitting more than 1 hour

3- Pain prevents me from sitting more than ½ hour

4- Pain prevents me from sitting more than 10 min

5- I avoid sitting because it increases pain immediately

**Section Six – Standing**

0- I can stand as long as I want without pain

1- I have some pain on standing but it does not increase with time

2- I cannot stand for longer than 1 hour without pain

3- I cannot stand for longer than ½ hour without increasing pain

4- I cannot stand for longer than 10 minutes without increasing pain

5- I avoid standing because it increases pain immediately

**Section Seven – Sleeping**

0- I get no pain in bed

1- I get pain in bed but it does not prevent me from sleeping well

2- Because of pain my normal night’s sleep is reduced by less than one quarter

3- Because of pain my normal night’s sleep is reduced by less than one half

4- Because of pain my normal night’s sleep is reduced by less than three quarters

5- Pain prevents me from sleeping at all

**Section Eight – Social Life**

0- My social life is normal and gives me no pain

1- My social life is normal but it increases the degree of pain

2- Pain has no significant effect on my social life apart from limiting my more energetic interests

3- Pain has restricted my social life and I do not go out very often

4- Pain has restricted my social life to my home

5- I have hardly any social life because of the pain

**Section Nine – Traveling**

0- I get no pain when traveling

1- I get some pain when traveling

2- I get extra pain when traveling

3- I get extra pain while traveling which compels me to seek alternative forms of travel

4- Pain restricts me to short journeys under ½ hour

5- Pain restricts all form of travel

**Section Ten – Changing Degree of Pain**

0- My pain is rapidly getting better

1- My pain fluctuates but is getting better

2- My pain is getting better but improvement is slow

3- My pain is neither better nor worse

4- My pain is gradually worsening

5- My pain is rapidly worsening

**Total: \_\_\_\_\_\_\_\_\_**