

# Revised Oswestry Questionnaire

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

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

**INSTRUCTIONS:** This questionnaire has been designed to enable us to understand how your pain has affected your ability to manage your everyday activities. Please answer each section by marking the **ONE CHOICE** that most applies to you. We realize you may feel that more than one statement may relate to you, but **PLEASE JUST MARK THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

Pain Intensity	Personal Care (Washing, Dressing, Etc.)
<ul style="list-style-type: none"> <li><input type="checkbox"/> The pain comes and goes and is very mild.</li> <li><input type="checkbox"/> The pain is mild and does not vary much.</li> <li><input type="checkbox"/> The pain comes and goes and is moderate.</li> <li><input type="checkbox"/> The pain is moderate and does not vary much.</li> <li><input type="checkbox"/> The pain comes and goes and is severe.</li> <li><input type="checkbox"/> The pain is severe and does not vary much.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain.</li> <li><input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain.</li> <li><input type="checkbox"/> Washing and dressing increases the pain, but I manage not to change my way of doing it.</li> <li><input type="checkbox"/> Washing and dressing increases the pain and I find it necessary to change my way of doing it.</li> <li><input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help.</li> <li><input type="checkbox"/> Because of the pain, I am unable to do any washing or dressing without help.</li> </ul>
Lifting	Walking
<ul style="list-style-type: none"> <li><input type="checkbox"/> I can lift heavy weights without extra pain.</li> <li><input type="checkbox"/> I can lift heavy weights, but it causes extra pain.</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor.</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li><input type="checkbox"/> I can only lift very light weights at the most.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pain does not prevent me from walking any distance.</li> <li><input type="checkbox"/> Pain prevents me from walking more than one mile.</li> <li><input type="checkbox"/> Pain prevents me from walking more than ½ mile.</li> <li><input type="checkbox"/> Pain prevents me from walking more than ¼ mile.</li> <li><input type="checkbox"/> I can only walk while using a cane or on crutches.</li> <li><input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.</li> </ul>
Sitting	Standing
<ul style="list-style-type: none"> <li><input type="checkbox"/> I can sit in any chair as long as I like without pain.</li> <li><input type="checkbox"/> I can only sit in my favorite chair as long as I like.</li> <li><input type="checkbox"/> Pain prevents me from sitting more than one hour.</li> <li><input type="checkbox"/> Pain prevents me from sitting more than ½ hour.</li> <li><input type="checkbox"/> Pain prevents me from sitting more than ten minutes.</li> <li><input type="checkbox"/> Pain prevents me from sitting at all.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I can stand as long as I want without pain.</li> <li><input type="checkbox"/> I have some pain while standing, but it does not increase with time.</li> <li><input type="checkbox"/> I cannot stand for longer than one hour without increasing pain.</li> <li><input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain.</li> <li><input type="checkbox"/> I cannot stand for longer than ten minutes without increasing pain.</li> <li><input type="checkbox"/> I avoid standing because it increases the pain straight away.</li> </ul>

<p><b>Sleeping</b></p>	<p><b>Social Life</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> I get no pain in bed.</li> <li><input type="checkbox"/> I get pain in bed, but it does not prevent me from sleeping well.</li> <li><input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than one-quarter.</li> <li><input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than one-half.</li> <li><input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than three-quarters.</li> <li><input type="checkbox"/> Pain prevents me from sleeping at all.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> My social life is normal and gives me no pain.</li> <li><input type="checkbox"/> My social life is normal, but increases the degree of my pain.</li> <li><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.</li> <li><input type="checkbox"/> Pain has restricted my social life and I do not go out very often.</li> <li><input type="checkbox"/> Pain has restricted my social life to my home.</li> <li><input type="checkbox"/> I have hardly any social life because of the pain.</li> </ul>
<p><b>Traveling</b></p>	<p><b>Changing Degree of Pain</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> I get no pain while traveling.</li> <li><input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel make it any worse.</li> <li><input type="checkbox"/> I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.</li> <li><input type="checkbox"/> I get extra pain while traveling which compels me to seek alternative forms of travel.</li> <li><input type="checkbox"/> Pain restricts all forms of travel.</li> <li><input type="checkbox"/> Pain prevents all forms of travel except that done lying down.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> My pain is rapidly getting better.</li> <li><input type="checkbox"/> My pain fluctuates, but overall is definitely getting better.</li> <li><input type="checkbox"/> My pain seems to be getting better, but improvement is slow at present.</li> <li><input type="checkbox"/> My pain is neither getting better nor worse.</li> <li><input type="checkbox"/> My pain is gradually worsening.</li> <li><input type="checkbox"/> My pain is rapidly worsening.</li> </ul>