

Oswestry Low Back Pain Scale

Print Name _____ Date _____

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

No pain	0	1	2	3	4	5	6	7	8	9	10	Unbearable pain
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Please Read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage in everyday life. Please answer every question, and circle only the **ONE** statement in each section that applies to you. While you may consider that two of the statements in any one section relate to you, please check just **ONE** which most closely describes your situation.

Section 1 – Pain Intensity

- 0. I can tolerate the pain without having to use painkillers.
- 1. The pain is bad but I can manage without taking painkillers.
- 2. The painkillers give complete relief of pain.
- 3. The painkillers give moderate relief from pain.
- 4. The painkillers give very little relief from pain.
- 5. The painkillers have no effect on the pain & I do not use them.

Section 2 - Personal Care (Washing, Dressing, etc.)

- 0. I can look after myself normally without causing extra pain.
- 1. I can look after myself normally but it causes extra pain.
- 2. It is painful to look after myself and I am slow and careful.
- 3. I need some help but manage most of my personal care.
- 4. I need help every day in most aspects of personal care.
- 5. I do not get dressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives me extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- 3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned, e.g. on a table.
- 4. I can only lift very light weights at most.
- 5. I cannot lift or carry anything at all.

Section 4 – Walking

- 0. Pain does not prevent me from walking any distance.
- 1. I cannot walk more than 1 mile without increasing pain.
- 2. I cannot walk more than ½ mile without increasing pain.
- 3. I cannot walk more than ¼ mile without increasing pain.
- 4. I can only walk using a stick or crutches.
- 5. I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- 0. I can sit in any chair as long as I like.
- 1. I can sit only 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. Pain prevents me from sitting almost all of the time.

Section 6 – Standing

- 0. I can stand as long as I want without extra pain.
- 1. I can stand as long as I want but it gives extra pain.
- 2. I cannot stand for more than 1 hour without increasing pain.
- 3. I cannot stand for more than ½ hour without increasing pain.
- 4. I cannot stand longer than 10 minutes without increasing pain.
- 5. Pain prevents me from standing at all.

Section 7 – Sleeping

- 0. Pain does not prevent me from sleeping well.
- 1. I can sleep well only by using tablets.
- 2. Even when I take tablets I have less than 6 hours of sleep.
- 3. Even when I take tablets I have less than 4 hours of sleep.
- 4. Even when I take tablets I have less than 2 hours of sleep.
- 5. Pain prevents me from sleeping at all.

Section 8 – Social Life

- 0. My social life is normal and gives me no extra pain.
- 1. My social life is normal but increases the degree of my pain.
- 2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- 3. Pain has restricted my social life and I do not go out as often.
- 4. Pain has restricted my social life to my home.
- 5. I have no social life because of my pain.

Section 9 – Traveling

- 0. I can travel anywhere without extra pain.
- 1. I can travel anywhere but it gives me extra pain.
- 2. Pain is bad but I manage journeys over 2 hours.
- 3. Pain is bad but I manage journeys less than 1 hour.
- 4. Pain restricts me to short necessary journeys under ½ hour.
- 5. Pain restricts me from traveling except to the doctor or hospital.

Section 10 – Changing Degree of Pain

- 0. My pain is rapidly getting better.
- 1. My pain fluctuates but overall is definitely getting better.
- 2. My pain seems to be getting better but improvement is slow at the present.
- 3. My pain is neither getting better nor worse.
- 4. My pain is gradually worsening.
- 5. My pain is rapidly worsening.

Total _____