

## OSWESTRY INDEX QUESTIONNAIRE

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday -life activities. Please mark in each section the **one** box that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that **most** closely describes your present -day situation.

### SECTION 1 - PAIN INTENSITY

- ☐ My pain is mild to moderate. I do not need pain killers.
- ☐ The pain is bad, but I manage without taking pain killers.
- ☐ Pain killers give complete relief from pain.
- ☐ Pain killers give moderate relief from pain.
- ☐ Pain killers give very little relief from pain.
- ☐ Pain killers have no effect on the pain.

### SECTION 2 - PERSONAL CARE

- ☐ 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

- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights, but it gives me extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, ie. on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

### SECTION 4 - WALKING

- ☐ I can walk as far as I wish.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than 1/2 mile.
- ☐ Pain prevents me from walking more than 1/4 mile.
- ☐ I can walk only if I use a cane or crutches.
- ☐ I am in bed or in a chair for most of every day.

### SECTION 5 - SITTING

- ☐ I can sit in any chair for as long as I like.
- ☐ I can sit in my favorite chair only, but for as long as I like.
- ☐ Pain prevents me from sitting for more than 1 hour.
- ☐ Pain prevents me from sitting for more than 1/2 hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

### SECTION 6 - 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 for more than 1 hour.
- ☐ Pain prevents me from standing more than 1/2 hour.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

### SECTION 7 - SLEEPING

- ☐ Pain does not prevent me from sleeping well.
- ☐ I sleep well but only when taking medication.
- ☐ Even when I take medication, I sleep less than 6 hours.
- ☐ Even when I take medication, I sleep less than 4 hours.
- ☐ Even when I take medication, I sleep less than 2 hours.
- ☐ Pain prevents me from sleeping at all.

### SECTION 8 - SOCIAL LIFE

- ☐ Social life is normal and causes me no extra pain.
- ☐ Social life is normal, but increases the degree of pain.
- ☐ Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, 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 no social life because of pain.

### SECTION 9 - SEXUAL ACTIVITY

- ☐ Sexual activity is normal and causes no extra pain.
- ☐ Sexual activity is normal, but causes some extra pain.
- ☐ Sexual activity is nearly normal, but is very painful.
- ☐ Sexual activity is severely restricted by pain.
- ☐ Sexual activity is nearly absent because of pain.
- ☐ Pain prevents any sexual activity at all.

### SECTION 10 - TRAVELING

- ☐ 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 restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to necessary journeys under 1/2 hr.
- ☐ Pain prevents traveling except to the doctor/hospital.

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

### General Pain Index Questionnaire

We would like to know how much your pain presently *prevents* you from doing what you would normally do. Regarding each category, please indicate the *overall* impact your present pain has on your life, not just when the pain is at its worst.

Please **circle the number** which best describes how your typical level of pain affects these six categories of activities.

1. **Family/at-home responsibilities** such as yard work, chores around the house or driving the kids to school -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											

2. **Recreation** including hobbies, sports or other leisure activities -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											

3. **Social activities** including parties, theater, concerts, dining -out and attending other social functions with friends -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											

4. **Employment** including volunteer work and homemaking tasks -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											

5. **Self-care** such as taking a shower, driving or getting dressed -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											

6. **Life-support activities** such as eating and sleeping -

_____	0	_____	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
completely able to function											totally unable to function											