

Patient Name : \_\_\_\_\_ Date : \_\_\_\_\_ Score : \_\_\_\_\_

## Oswestry Low Back Pain Index Assessment

**Please Read:** Please answer every section by checking **ONE CHOICE** that most applies to you. We realize that you may feel that two of the statements in any one section relate to you, but please check the one choice which most closely describes your problem .

### 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 (washing, dressing, etc) -

- I can look after myself 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.

### Lifting -

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I can't lift or carry anything at all.

### Walking -

- Pain doesn't prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than one-half mile.
- Pain prevents me from walking more than one-quarter mile.
- I can only walk using a stick or crutches.
- I'm in bed most of the time and have to crawl to the toilet.

### Sitting -

- I can sit in a chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting most of the time.

### Work -

- I stand as long as I want without extra pain.
- I stand as long as I want but it gives extra pain.
- Pain prevents me from standing more than one hour.
- Pain prevents me from standing more than 30 minutes.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from sitting any length of time.

### Social Life -

- My social life is normal and gives me no pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests. (ie. dancing)
- 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.

### Sleeping -

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

### Traveling -

- I am able to engage in all recreational activities with no pain in my back at all.
- I am able to engage in all recreational activities with some pain in my back.
- I am able to engage in most, but not all recreational activities because of pain in my back.
- I am able to engage in few of my usual recreational activities because of pain in my back.
- I can hardly do any recreational activities because of pain in my back.
- I can't do any recreational activities at all.

### Changing Degree of Pain -

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