



**Institute for Low Back and Neck Care
Corporate Office**

3001 Metro Drive, Suite 330, Bloomington, MN 55425

Phone: 952-814-6600 • Fax: 952-814-6700

Email: ilbnc@ilbnc.com

LUMBAR OSWESTRY QUESTIONNAIRE

Name: _____

Exam Date: _____

Account # _____

Instructions: This questionnaire has been designed to give the doctor information as to how your **BACK OR LEG** pain has affected your ability to manage everyday life. Please answer every section, and mark in each section **ONLY THE ONE** which applies to you. We realize you may consider that two of the statements in any one section relate to you. **PLEASE JUST MARK THE ONE WHICH MOST CLEARLY DESCRIBES YOUR PROBLEM.** Please place your initials and date by any change you make.

Shade Circles Like This → ●

Not Like This →

Section 1 - Pain Intensity (mark only one)

- 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 2 - Personal Care (mark only one)
(washing, dressing, etc.)

- 0 I would 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 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 pain, I am unable to do any washing or dressing without help.

Section 3 - Lifting (mark only one)

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor.
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
- 4 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 5 I can only lift very light weights at the most.

Section 4 - Walking (mark only one)

- 0 Pain does not prevent me walking any distance.
- 1 Pain prevents me from walking more than one mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking more than ¼ mile.
- 4 I can only walk while using a cane or on crutches.
- 5 I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting (mark only one)

- 0 I can sit in any chair as long as I like without pain.
- 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 minutes.
- 5 Pain prevents me from sitting at all.

Section 6 - Standing (mark only one)

- 0 I can stand as long as I want without pain.
- 1 I have some pain while standing, but it does not increase with time.
- 2 I cannot stand for longer than one hour without increasing 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 right away.

Section 7 - Sleeping (mark only one)

- 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 8 - Social Life (mark only one)

- 0 My social life is normal and gives me no 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 very often.
- 4 Pain has restricted my social life to my home.
- 5 I have hardly any social life because of pain.

Section 9 - Traveling (mark only one)

- 0 I get no pain while traveling.
- 1 I get some pain while traveling, but none of my usual forms of travel make it any worse.
- 2 I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- 3 I get extra pain while traveling which compels me to seek alternative forms of travel.
- 4 Pain restricts me to short necessary journeys under ½ hour.
- 5 Pain prevents all forms of travel.

Section 10 - Changing Degree of Pain (mark only one)

- 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 present.
- 3 My pain is neither getting better nor worse.
- 4 My pain is gradually worsening.
- 5 My pain is rapidly worsening.