



Patient Name: _____ Date: _____

Modified OSWESTRY Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section one circle that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just mark the circle that most closely describes your problem.

Section 1: Pain Intensity

<input type="radio"/> The pain comes and goes and is very mild.	<input type="radio"/> The pain is mild and does not vary much.
<input type="radio"/> The pain comes and goes and is moderate.	<input type="radio"/> The pain comes is moderate and does not vary much.
<input type="radio"/> The pain comes and goes and is severe	<input type="radio"/> The pain is severe and does not vary much

Section 2: Personal Care

<input type="radio"/> I do not have to change my way of washing or dressing to avoid pain	<input type="radio"/> I do not normally change my way of washing or dressing even though it causes pain
<input type="radio"/> Washing and dressing increase the pain, but I manage not to change my way of doing it	<input type="radio"/> Washing and dressing increases the pain and I find I necessary to change my way of doing it.
<input type="radio"/> Because of the pain I am unable to do some washing and dressing without help	<input type="radio"/> Because of the pain I am unable to do any washing and dressing without help.

Section 3: Lifting (skip if you have not attempted lifting since the onset of your low back pain)

<input type="radio"/> I can lift heavy weights without extra low back pain	<input type="radio"/> I can lift heavy weights but it causes extra pain
<input type="radio"/> Pain prevents me lifting heavy weights off the floor	<input type="radio"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
<input type="radio"/> Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.	<input type="radio"/> I can only lift light weights at the most.

Section 4: Walking

<input type="radio"/> I have no pain walking	<input type="radio"/> I have some pain on walking, but I can still walk my required normal distances.
<input type="radio"/> Pain prevents me from walking long distances.	<input type="radio"/> Pain prevents me from walking intermediate distances.
<input type="radio"/> Pain prevents me from walking even short distances.	<input type="radio"/> Pain prevents me from walking at all.

Section 5: Sitting

<input type="radio"/> Sitting does not cause me any pain.	<input type="radio"/> I can sit as long as I need provided I have my choice of sitting surfaces.
<input type="radio"/> Pain prevents me from sitting more than 1 hour.	<input type="radio"/> Pain prevents me from sitting more than half and hour
<input type="radio"/> Pain prevents me from sitting more than 10 minutes.	<input type="radio"/> Pain prevents me from sitting at all.

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Section 6: Standing

<input type="radio"/> I can stand as long as I want without pain.	<input type="radio"/> I have some pain while standing, but it does not increase with time.
<input type="radio"/> I can not stand for longer than 1 hour without increasing pain..	<input type="radio"/> I cannot stand for longer than half an hour without increasing pain.
<input type="radio"/> I cannot stand for longer than 10 minutes without increasing pain.	<input type="radio"/> I avoid standing because it increases the pain immediately.

Section 7: Sleeping

<input type="radio"/> I have no pain while in bed	<input type="radio"/> I have pain in bed, but it does not prevent me from sleeping well.
<input type="radio"/> Because of pain I sleep only 3/4 of normal time.	<input type="radio"/> Because of pain I sleep only 1/2 of normal time.
<input type="radio"/> Because of pain I sleep only 1/4 of normal time.	<input type="radio"/> Pain prevents me from sleeping at all.

Section 8: Social Life

<input type="radio"/> My social life is normal and gives me no pain	<input type="radio"/> My social life is normal, but increases the degree of pain.
<input type="radio"/> Pain prevents me from participating in more energetic activities e.g. sports, dancing, etc.	<input type="radio"/> Pain prevents me from going out very often.
<input type="radio"/> Pain has restricted my social life to my home.	<input type="radio"/> I hardly have any social life because of pain.

Section 9: Traveling

<input type="radio"/> I get no pain while traveling.	<input type="radio"/> I get some pain while traveling, but none of my usual forms of travel make it any worse.
<input type="radio"/> I get some pain while traveling, but it does not compel me to seek alternative forms of travel.	<input type="radio"/> I get extra pain while traveling that requires me to see alternative forms of travel.
<input type="radio"/> Pain restricts all forms of travel.	<input type="radio"/> Pain prevents all forms of travel except that done lying down.

Section 10: Employment / Homemaking

<input type="radio"/> My normal job / homemaking duties do not cause pain	<input type="radio"/> My normal job / homemaking duties cause me extra pain, but I can still perform all that is required of me.
<input type="radio"/> I can perform most of my job / homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc.	<input type="radio"/> Pain prevents me from doing anything but light duties.
<input type="radio"/> Pain prevents me from doing even light duties.	<input type="radio"/> Pain prevents me from performing any job or homemaking chore.

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Index Score: _____ %