



Patient Name _____ Date _____

Modified Oswestry Low Back Pain Questionnaire

This questionnaire will give your provider information about how your low back condition affects your everyday life.

Please answer every section by circling the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- 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.

Personal Care

- 0 I do not have to change my way of washing or dressing to avoid pain.
- 1 I do not normally change my way of washing or dressing even though it causes me 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 the pain I am unable to do any washing and dressing without help.

Lifting (skip you have not attempted lifting since onset of pain)

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

Walking

- 0 I have no pain walking.
- 1 I have some pain walking, but I can still walk my required normal distances.
- 2 Pain prevents me from walking long distances.
- 3 Pain prevents me from walking intermediate distances.
- 4 Pain prevents me from walking even short distances.
- 5 Pain prevents me from walking at all.

Social Life

- 0 My social life is normal and does not cause me any pain.
- 1 My social life is normal, but increases the degree of pain.
- 2 Pain prevents me from participating in more energetic activities e.g. sports, dancing.
- 3 Pain prevents me from going out very often.
- 4 Pain has restricted my social life to my home.

Sleeping

- 0 I have no pain while in bed.
- 1 I have pain in bed; it doesn't prevent me from sleeping well.
- 2 Because of pain I sleep only 3/4 of normal time.
- 3 Because of pain I sleep only 1/2 of normal time.
- 4 Because of pain I sleep only 1/4 of normal time.
- 5 Pain prevents me from sleeping at all.

Sitting

- 0 Sitting does not cause me any pain.
- 1 I can sit as long as I need provided I have my choice of sitting surfaces.
- 2 Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than 1/2 hour.
- 4 Pain prevents me from sitting more than 10 minutes.
- 5 Pain prevents me from sitting at all.

Standing

- 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 can't stand for longer than 1-hour without increasing pain.
- 3 I can't stand for longer than 1/2 hour without increasing pain.
- 4 I can't stand for longer than 10 minutes without increasing pain.
- 5 I avoid standing because it increases the pain immediately.

Traveling

- 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 some pain while traveling, but it does not compel me to seek alternative forms of travel.
- 3 I get extra pain while traveling that requires me to seek alternative forms of travel.
- 4 Pain restricts all forms of travel except when I'm lying down.
- 5 Pain prevents all forms of travel.

Employment/Homemaking

- 0 My normal job/homemaking duties do not cause pain.
- 1 My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- 2 I can still perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc.
- 3 Pain prevents me from doing anything but light duties.
- 4 Pain prevents me from performing even light duties.
- 5 Pain prevents me from performing any job or homemaking