

Please check the box that describes your low back over the past 4 weeks....

1) 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

2) Personal care (e.g., washing, dressing)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it is very painful
- ☐ 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 do not get dressed, wash with difficulty and stay in bed

3) Lifting

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

4) Walking

- ☐ Pain does not prevent me from walking any distance
- ☐ Pain prevents me from walking more than 1 mile
- ☐ Pain prevents me from walking more than ¼ mile
- ☐ Pain prevents me from walking more than 100 yards
- ☐ I can only walk with crutches or a stick
- ☐ I am in bed most of the time and have to crawl to the toilet

5) Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can sit in my favorite chair for as long as I like
- ☐ Pain prevents me from sitting for more than 1 hour
- ☐ Pain prevents me from sitting for more than ½ hour
- ☐ Pain prevents me from sitting for more than 10 minutes
- ☐ Pain prevents me from sitting at all

6) Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I was but with extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than ½ an hour
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

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OSWESTRY LOW BACK EVALUATION FORM

NAME _____

S.O.C. _____ REF MD _____

7) Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I get less than 6 hours of sleep
- ☐ Because of pain I get less than 4 hours of sleep
- ☐ Because of pain I get less than 2 hours of sleep
- ☐ Pain prevents me from sleeping at all

8) Social life

- ☐ My social life is normal and causes me no extra 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 (e.g., sports, 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 my pain

9) Traveling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere, but it gives extra pain
- ☐ Pain is bad but I manage journeys of over 2 hours
- ☐ Pain restricts me to journeys of less than 1 hour
- ☐ Pain restricts me to journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

10) Over the past three months have you received treatment, tablets or medicines of any kind for your back or leg pain?

- ☐ Yes
- ☐ No

If yes please explain: _____
