

Name: _____ Date of Birth: _____ Date: _____

MODIFIED OSWESTRY PAIN QUESTIONNAIRE

This questionnaire has been designed to give your clinician information as to how your back/lower quadrant pain and/or dysfunction have affected you in your everyday activities. Please answer each section; **marking only ONE box** which best describes your status on average in the past week.

Section 1- Pain Intensity

- The pain comes and goes and is very mild or I no longer have pain.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

Section 2- Personal Care (washing, dressing, etc.)

- I do not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increase the pain, but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of pain I am unable to do some washing and dressing without help.
- Because of pain I am unable to do any washing and dressing without help.

Section 3- Lifting

- I can lift heavy objects without increased pain.
- I can lift heavy objects, but it causes increased pain.
- Pain prevents me from lifting heavy objects off the floor, but I can manage if the objects are conveniently positioned, e.g. on a table.
- Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.
- I can lift only very light objects.
- I cannot lift or carry anything at all.

Section 4- Walking

- I have no pain when walking.
- I have some pain when walking, but it does not increase with distance.
- I cannot walk more than one mile without increasing pain.
- I cannot walk more than ½ mile without increasing pain.
- I cannot walk more than ¼ mile without increasing pain.
- I cannot walk at all without increasing pain.

Section 5- Sitting

- I can sit in any chair as long as I like.
- I can sit only 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 ½ hour
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases the pain immediately.

**PLEASE TURN PAGE TO
COMPLETE SECTIONS 6-10**

Section 6- Standing

- I can stand as long as I want without pain.
- I have some pain when standing, but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than ½ hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain immediately.

Section 7- Sleeping

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of pain my normal night sleep is reduced by less than ¼.
- Because of pain my normal night sleep is reduced by less than ½.
- Because of pain my normal night sleep is reduced by less than ¾.
- Pain prevents me from sleeping at all.

Section 8- Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but increases the degree of my pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of pain.

Section 9- Traveling

- I can travel anywhere without increased pain.
- I can travel anywhere, but it increases my pain.
- My pain restricts my travel over 2 hours.
- My pain restricts my travel over 1 hour.
- My pain restricts my travel to short necessary journeys under ½ hour.
- My pain prevents all travel except for visits to the physician, therapist, or hospital.

Section 10- 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 present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

FOR CLINICIAN(S) ONLY:

Scored items _____ * 100 = % of disability **Score:** _____
Sum of sections answered