

No Pain

MADISON SPORTS INJURY & REHABILITATION

Give your body the attention it deserves!

Low Back Pain and Disability Questionnaire (Revised Oswestry)

Patient Name:	Date:
NSTRUCTIONS: This questionnaire has been designed to give the docto manage in everyday life. Please answer every section and mark in each s hat two of the statements in any one section relate to you, but just mark the	ection only ONE box, which applies to you. We realize you may consider
The pain comes and goes and is very mild 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 6 – STANDING ☐ I can stand as long as I want without pain ☐ I have some pain on 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 straight away
I would 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 pain Washing and dressing increases the pain but I manage not to change my way of doing it Washing and dressing increases the pain and I find it necessary to change my way of doing it Because of the 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 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's sleep is reduced by less than 1/4 ☐ Because of pain my normal night's sleep is reduced by less than 1/2 ☐ Because of pain my normal night's sleep is reduced by less than 3/4 ☐ Pain prevents me from sleeping at all SECTION 8 – SOCIAL LIFE ☐ My social life is normal and gives me no pain ☐ My social life is normal but increases the degree of pain
I can lift heavy weights without extra pain I can lift heavy weights but it causes extra pain Pain prevents me from lifting heavy weights off the floor Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned I can only lift very light weights at the most	 □ 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 the pain SECTION 9 – TRAVELLING □ I get no pain whilst travelling □ I get some pain whilst travelling but none of my usual forms of travel make it any worse
I have no pain walking I have some pain on walking but it does not increase with distance I cannot walk more than one km. without increasing pain I cannot walk more than ½ km. without increasing pain I cannot walk more than ¼ km. without increasing pain I cannot walk at all without increasing pain	 □ I get extra pain whilst travelling but it does not compel me to seek alternate forms of travel □ I get extra pain whilst travelling which compels me to seek alternate forms of travel □ Pain restricts all forms of travel □ Pain prevents all forms of travel except that done lying down SECTION 10 – CHANGING DEGREE OF PAIN
I can sit in any chair as long as I like I can only sit in my favourite chair as long as I like Pain prevents me from sitting more than one hour Pain prevents me from sitting more than a half hour Pain prevents me from sitting more than 10 minutes I avoid sitting because it increases pain straight away	 □ 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
Pain Scale: Rate your usual level of pain today by circling one boxes on the following scale:	

10

Excruciating Pain