

PHYSICAL THERAPY: MODIFIED OSWESTRY Patient Questionnaire: LOW BACK

Injury Date (if known) ____/____/____ Surgery Date (if applicable) ____/____/____

Date you return to the physician who sent you to physical therapy ____/____/____

Occupation _____

Have you been given any restrictions by your physician? (please specify)

Please rate the severity of your pain **RIGHT NOW** by circling a number below:

No pain

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 Worse pain imaginable

Please rate the severity of your pain at the worst it has been in the **LAST WEEK** by circling a number below:

No pain

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 Worse pain imaginable

What **SPECIFIC** activities do you hope to improve through physical therapy?

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 everyday activities. Please answer each section by **circling the number that most applies to you.**

Section 1 - 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.



PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX



Section 2 - 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 increases 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.

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

- 0 I can lift heavy weights without extra low back pain.
- 1 I can lift heavy weights but it causes extra pain.
- 2 Pain prevents me lifting heavy weights off the floor.
- 3 Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- 4 Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 5 I can only lift light weights at the most.

Section 4 - Walking

- 0 I have no pain walking.
- 1 I have some pain on walking, but I can still walk my required to 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.

Section 5 - 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

Section 6 - 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 cannot stand for longer than 1 hour without increasing pain.
- 3 I cannot stand for longer than 1/2 hour without increasing pain.
- 4 I cannot stand for longer than 10 minutes without increasing pain.
- 5 I avoid standing because it increases the pain immediately.

PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX

Section 7 - Sleeping

- 0 I have no pain while in bed.
- 1 I have pain in bed, but it does not 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.

Section 8 - Social Life

- 0 My social life is normal and gives me no 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.
- 5 I hardly have any social life because of pain.

Section 9 - 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.
- 5 Pain prevents all forms of travel except that done lying down.

Section 10 - 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 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 doing even light duties.
- 5 Pain prevents me from performing any job or homemaking chore.

Signature of person completing form

Reviewer

Date / Time

Score _____ = _____ % disability



PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX