

Oswestry Low Back Pain Scale

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

No Pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
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Name: _____

Date: _____

Instructions: Please circle ONE NUMBER in each section which most closely describes your problem.

Section 1- Pain Intensity

- 0.The pain comes and goes and is very mild
- 1.The pain is mild and doesn't vary much
- 2.The pain comes and goes and is moderate
- 3.The pain is moderate and doesn't vary much
- 4.The pain comes and goes and is severe
- 5.The pain is severe and does not vary much

Section 2- Personal Care (Washing, Dressing, etc.)

- 0.I wouldn't have to change my way of washing or dressing in order to avoid pain
- 1.I don't normally change my way of washing or dressing even though it causes some pain.
- 2.Washing & dressing increase the pain but I manage not to change my way of doing it
- 3.Washing & dressing increases the pain & I find it necessary to change my way of doing it
- 4.Because of the pain I am unable to do some washing & dressing without help.
- 5.Because of the pain I am unable to do any washing & dressing without help.

Section 3- Lifting

- 0.I can lift heavy weights without extra pain
- 1.I can lift heavy weights but it gives 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 very light weights at most

Section 4- Walking

- 0.I have no pain on walking
- 1.I have some pain on walking but it doesn't increase with distance
- 2.I can't walk more than 1 mile without increasing pain
- 3.I can't walk more than ½ mile without increasing pain
- 4.I can't walk more than ¼ mile without increasing pain
- 5.I can't walk at all without increasing pain

Section 5- Sitting

- 0.I can sit in any chair as long as I like
- 1 .I can sit only in my favorite chair as long as I like
- 2. Pain prevents me from sitting more than 1 hour
- 3. Pain prevents me from sitting more than ½ hour
- 4. Pain prevents me from sitting more than 10 minutes
- 5. I avoid sitting because it increases pain immediately

Section 6- Standing

- 0.I can stand as long as I want without pain
- 1.I have some pain on standing but it doesn't increase with time.
- 2.I can't stand for longer than 1 hr without increasing pain
- 3.I can't stand for longer than ½ hr 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

Continue on back

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

Section 7- Sleeping

0. I have no pain in bed
1. I have pain in bed but it doesn't prevent me from sleeping well.
2. Because of pain my normal nights sleep is reduced by less than one-quarter
3. Because of pain my normal sleep is reduced by less than one-half
4. Because of pain my normal nights sleep is reduced by less than three-quarters
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 it increases the degree of pain
2. Pain has no significant effect on my social life apart from limiting my more energetic interests
3. Pain has restricted my social life and I don't go out very often
4. Pain has restricted my social life to my home
5. I have hardly any social life because of the pain

Section 9-Traveling

0. I get no pain when traveling
1. I get some pain when traveling but none of my usual forms of travel make it any worse
2. I get extra pain while traveling but it doesn't compel me to seek alternate forms of travel
3. I get extra pain while traveling which compels to seek alternative forms of travel
4. Pain restricts me to short necessary journeys under ½ hour
5. Pain restricts all forms of travel

Section 10- Changing Degree of Pain

0. My pain is rapidly getting better
1. My pain fluctuates but is definitely getting better
2. My pain seems to be getting better but improvements are slow
3. My pain is neither getting better or worse
4. My pain is gradually worsening
5. My pain is rapidly worsening

Continue on back