

Name: _____



Oswestry Low Back Pain Scale - Please Complete if You Have Back Pain

Please carefully 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 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.

Section 2 - PERSONAL CARE

0. I would not have to change my way of washing or dressing in order to avoid pain.
1. I do not normally change my way of washing or dressing even though it causes some pain.
2. Washing and dressing increases 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

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights, but it gives extra pain.
2. Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned, i.e. on a table.

3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
4. I can only lift very light weights, at most.
5. I cannot lift or carry anything at all.

Section 4 - WALKING

0. I have no pain with walking.
1. I have some pain with walking, but it does not increase with distance.
2. I cannot walk more than 1 mile without increasing pain.
3. I cannot walk more than ½ mile without increasing pain.
4. I cannot walk more than ¼ mile without increasing pain.
5. I cannot 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 1 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 with 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 ½ hour without increasing pain.



Oswestry Low Back Pain Scale - Please Complete if You Have Back Pain

Please carefully circle ONE number in each section which most closely describes your problem.

3. I cannot stand for longer than ½ hour without increasing pain.
4. I cannot stand for longer than 10 minutes
5. I avoid standing because it increases pain immediately.
2. I get extra pain when traveling, but it does not compel me to seek alternate forms of travel.
3. I get extra pain while traveling, which compels me to seek alternate forms of travel.
4. Pain restricts me to shorten necessary journeys under ½ hour.
5. Pain restricts all forms of travel.

Section 7 - SLEEPING

0. I get no pain in bed.
1. I get pain in bed, but it does not prevent me from sleeping well.
2. Because of my pain, my normal night's sleep is reduced by less than ¼.
3. Because of my pain, my normal night's sleep is reduced by less than ½.
4. Because of my pain, my normal night's sleep is reduced by less than ¾.
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, i.e. dancing, etc.
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I hardly have 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 it does not compel me to seek alternate 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 improvement is slow.
3. My pain is neither getting better or worse.
4. My pain is gradually worsening.
5. My pain is rapidly worsening.