

Modified Oswestry Pain Questionnaire

Patient Name: _____ DOB: _____ Date: _____ Dr. Banks ___ Dr. Kraker ___

This questionnaire has been designed to give your doctor information as to how your back pain has affected your ability to manage in everyday life. **Please answer every question by placing a mark in the ONE box that best describes your condition today.** We realize you may feel that 2 of the statements may describe your condition, but **please mark only the box that most closely describes your current condition.**

Date of surgery ___/___/___

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 (e.g., Washing, Dressing)

- 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 wash and dress without help.

Section 3 -Lifting

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

Section 4 -Walking

- 0 I have no pain when walking.
- 1 I have some pain when walking, but it does not decrease my 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 only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting for more than 1 hour.
- 3 Pain prevents me from sitting for more than 1/2 hour.
- 4 Pain prevents me from sitting for more than 10 minutes.
- 5 I avoid sitting because it increases pain right away.

Section 6 - Standing

- 0 I can stand as long as I want without increased pain.
- 1 I have some pain when standing, but it does not increase with time.
- 2 Pain prevents me from standing for more than 1 hour.
- 3 Pain prevents me from standing for more than 1/2 hour.
- 4 Pain prevents me from standing for more than 10 minutes.
- 5 I avoid standing because it increases the pain right away.

Section 7 - Sleeping

- 0 Pain does not prevent me from sleeping well.
- 1 I get pain while in bed, but it does not prevent me from sleeping well.
- 2 Because of pain, my normal nights sleep is reduced by about 25%.
- 3 Because of pain, my normal nights sleep is reduced by about 50%.
- 4 Because of pain, my normal nights sleep is reduced by about 75%.
- 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 my level 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 have hardly any social life because of my 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 worse.
- 2 I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- 3 I get extra pain while traveling, which requires me to seek alternative forms of travel.
- 4 Pain restricts all forms of travel.
- 5 Pain prevents all forms of travel except that by lying down.

Section 10 - Changing Degree Of Pain

- 0 My pain is rapidly getting better.
- 1 My pain fluctuates but overall is definitely getting better.
- 2 My pain seems to be getting better, but improvement is slow at present.
- 3 There has been no change in my pain.
- 4 My pain is gradually worsening.
- 5 My pain is rapidly worsening.

Score: _____