**Oswestry Index**

Please mark in each section the **one box** that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that most closely describes your present-day situation.

**Low Back Pain Scale**

**Section 1 – Pain intensity**□ 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 very severe
□ The pain is severe and does not vary much

**Section 2 – Personal Care**□ I can look after myself normally without causing extra pain
□ I can look after myself normally, but it causes extra pain
□ It is painful to look after myself and I am slow and careful
□ I need some help but manage most of my personal care
□ I need help every day in most aspects of self-care
□ I do not get dressed. I wash with difficulty and stay in bed

**Section 3 – Lifting**□ 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 (ex: 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 most

**Section 4 – Walking**□ I have no pain when walking
□ I have some pain on walking but it does not increase with

distance
□ I cannot walk more than 1 mile without increasing pain
□ I cannot walk more than ½ mile without increasing pain
□ I cannot walk more than ¼ mile without increasing pain
□ I cannot walk at all without increasing pain

 **Section 5 – Sitting**□ I can sit in any chair as long as I like
□ I can sit only in my favorite chair as long as I like
□ Pain Prevents me from sitting more than 1 hour
□ Pain Prevents me from sitting more than ½ hour
□ Pain prevents me from sitting more than 10 minutes
□ I avoid sitting because it increased pain immediately

**Section 6 – Standing**□ I can stand as long as I want without pain
□ I have some pain when standing but it does not increase with time
□ I cannot stand for longer than 1 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 increased pain immediately

**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 sleep is reduced by less than 25%
□ Because of pain my sleep is reduced by less than 50%
□ Because of pain, my sleep is reduced by less than 75%
□ 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 it increases the degree of pain
□ Pain has no significant effect on my social life apart from limiting my more energetic interests (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 – Traveling**□ I get no pain when traveling
□ I get some pain when traveling, but I do not seek alternative forms of travel
□ I get extra pain traveling, but I do not seek alternate forms of travel
□ I get extra pain traveling, which compels me to seek alternative forms of travel
□ Pain restricts me to short necessary journeys under ½ hour
□ Pain restricts me from all forms of travel

**Section 10 – Changing Degree of Pain**□ My pain is rapidly getting better
□ My pain fluctuates but is definitely getting better
□ My pain seems to be getting better but improvement is slow
□ My pain is neither getting better or worse
□ My pain is gradually worsening
□ My pain is rapidly worsening

Patient Name:

Patient Signature: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_