

TRUE NORTH CHIROPRACTIC • DR. JAKE WILLIAMS, B.Sc., D.C

Oswestry Low Back Pain Scale

Patient Name: _____ File #: _____ Date: _____

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 *Unbearable Pain*

This questionnaire is designed to help us better understand how your low back pain affects your ability to manage everyday life activities. 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 only mark the box that **MOST CLOSELY** describes your present day situation.

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 (Washing, Dressing, ect.)

- 0. I can take care of myself normally without increased pain.
- 1. I can take care of myself normally, but it increases my pain.
- 2. It is painful to take care of myself and I am slow and careful
- 3. I need help, but I am able to manage most of my personal care
- 4. I need help everyday in most aspects of my care.
- 5. I do not get dressed, I wash with difficulty, and I stay in bed.

Section 3 – Lifting

- 0. I can lift heavy weights without increased pain.
- 1. I can lift weights but it causes increased pain.
- 2. Pain prevents me lifting heavy weights off the floor, but I can manage it they are conveniently positioned (i.e. on a table)
- 3. Pain prevents me lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 4. I can lift only very light weights.
- 5. I cannot lift or carry anything at all.

Section 4 – Walking

- 0. Pain does not prevent me from walking any distance.
- 1. I cannot walk more than 1 mile without increasing pain.
- 2. I cannot walk more than ½ mile without increasing pain.
- 3. I cannot walk more than ¼ mile without increasing pain.
- 4. I can walk only with crutches or a cane.
- 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 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 increased 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 does not increase with time.
- 2. I cannot stand longer than 1 hour without increasing pain.
- 3. I cannot stand longer than ½ hour without increasing pain.
- 4. I cannot stand longer than 10 minutes without increasing pain.
- 5. I avoid standing because it increases pain immediately.

Section 7 – Sleeping

- 0. Pain does not prevent me from sleeping well.
- 1. I can sleep well only by using pain medication.
- 2. Even when I take medication, I sleep less than 6 hours.
- 3. Even when I take medication, I sleep less than 4 hours.
- 4. Even when I take medication, I sleep less than 2 hours.
- 5. Pain prevents me from sleeping at all.

Section 8 – Social Life

- 0. My social life is normal and does not increase my pain.
- 1. My social life is normal but it increases the degree of pain.
- 2. Pain prevents me from participating in more energetic interests (i.e. sports, 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 have hardly any social life because of my pain.

Section 9 – Traveling

- 0. I can travel anywhere without increased pain.
- 1. I can travel anywhere, but it increases my pain.
- 2. My pain restricts my travel over 2 hours.
- 3. My pain restricts my travel over 1 hour.
- 4. My pain restricts my travel to short necessary journeys under ½ hour.
- 5. My pain prevents all travel except for visits to the physician/therapist or hospital.

Section 10 – Employment/Homemaking

- 0. My normal homemaking/job activities do not cause pain.
- 1. My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- 2. I can perform most of my normal homemaking/job duties, but pain prevents me from performing most physically stressful activities (i.e. 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.

TOTAL: _____