

Oswestry Low Back Pain Scale

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

Name: _____ Date: _____ Visit: _____ EPS: _____
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Instructions: Please circle the 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 (Washing, Dressing, etc.)**

| | |
|---|---|
| 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 increase the pain, but I manage not to change my way of doing it. |
| 3 | Washing and dressing increase 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 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 Section**

| | |
|---|--|
| 0 | I have no pain on walking. |
| 1 | I have some pain on 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 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 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. |
| 4 | I cannot stand for longer than 10 minutes without increasing pain. |
| 5 | I avoid standing because it increases the pain immediately. |

➤ **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 pain, my normal night's sleep is reduced by less than one-quarter. |
| 3 | Because of pain, my normal night's sleep is reduced by less than one-half. |
| 4 | Because of pain, my normal night's 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, e.g., 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 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 does not 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 improvement is slow. |
| 3 | My pain is neither getting better or worse. |
| 4 | My pain is gradually worsening. |
| 5 | My pain is rapidly worsening. |

TOTAL: _____
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