

Oswestry Low Back Pain Scale

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
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Unbearable Pain

Name _____

Date _____

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 the 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 me 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 from 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

0. I have no pain walking
1. I have some pain on walking, but it does not increase with distance
2. I cannot walk for more than 1 mile without increasing pain
3. I cannot walk for 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 25%
3. Because of pain, my normal night's sleep is reduced by 50%
4. Because of my pain, my normal night's sleep is reduced by 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 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 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 alternate forms of travel
3. I get extra pain while traveling, which compels me 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 getting worse
5. My pain is rapidly worsening

Total _____