Draft

PREOPERATIVE OSWESTRY QUESTIONNAIRE

(Information to be obtained from the patient)

ProtocolNumber:	Patient IDE No.:	Patient Initials:	Exam Date (mm/dd/yyyy):
P01-05			/ /

INSTRUCTIONS: This questionnaire has been designed to give the doctor information as to how your BACK OR LEG pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section ONLY THE ONE which applies to you. We realize you may consider that two of the statements in any one section relate to you. PLEASE JUST MARK THE ONE WHICH MOST CLEARLY DESCRIBES YOUR PROBLEM. Please place your initials and date by any change you make.

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Section 1 - Pain Intensity (mark only one)

0 ○ I have no pain at this moment.
1 ○ The pain is very mild at the moment.
2 ○ The pain is moderate at the moment.
3 ○ The pain is fairly severe at the moment.
4 ○ The pain is very severe at the moment.
5 ○ The pain is the worst imaginable at the moment.

Section 2 - Personal Care (washing, dressing, etc.) (mark only one)

0 ○ I can look after myself normally without causing extra pain.
1 ○ I can look after myself normally, but it causes extra pain.
2 ○ It is painful to look after myself and I am slow and careful.
3 ○ I need some help, but manage most of my personal care.
4 ○ I need help every day in most aspects of self care.
5 ○ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting (mark only one)

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, but I can manage if they are conveniently positioned, for example on a table.
3 ○ Pain prevents me from lifting heavy weights, 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 (mark only one)

0 ○ Pain does not prevent me walking any distance.
1 ○ Pain prevents me from walking for more than 1 mile.
2 ○ Pain prevents me from walking for more than 1/4 mile.
3 ○ Pain prevents me from walking more than 100 yards.
4 ○ I can only walk using a stick or crutches.
5 ○ I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting (mark only one)

0 ○ I can sit in any chair as long as I like.
1 ○ I can 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 ○ Pain prevents me from sitting at all.

Section 6 - Standing (mark only one)

0 ○ I can stand as long as I want without extra pain.
1 ○ I can stand as long as I want, but it gives me extra pain.
2 ○ Pain prevents me from standing 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 ○ Pain prevents me from standing at all.

Section 7 - Sleeping (mark only one)

0 ○ My sleep is never disturbed by pain.
1 ○ My sleep is occasionally disturbed by pain.
2 ○ Because of pain I have less than 6 hours sleep.
3 ○ Because of pain I have less than 4 hours sleep.
4 ○ Because of pain I have less than 2 hours sleep.
5 ○ Pain prevents me from sleeping at all.

Section 8 - Sex Life (mark only one)

0 ○ My sex life is normal and causes no extra pain.
1 ○ My sex life is normal, but causes some extra pain.
2 ○ My sex life is nearly normal, but is very painful.
3 ○ My sex life is severly restricted by pain.
4 ○ My sex life is nearly absent because of pain.
5 ○ Pain prevents any sex life at all.

Section 9 - Social Life (mark only one)

0 ○ My social life is normal and gives me no extra pain.
1 ○ My social life is normal, but increases the degree of pain.
2 ○ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sports, etc.
3 ○ Pain has restricted my social life and I do not go out as often.
4 ○ Pain has restricted my social life to my home.
5 ○ I have no social life because of pain.

Section 10 - Traveling (mark only one)

0 ○ I can travel anywhere without extra pain.
1 ○ I can travel anywhere, but it gives extra pain.
2 ○ Pain is bad, but I manage journeys over two hours.
3 ○ Pain restricts me to journeys of less than one hour.
4 ○ Pain restricts me to short necessary journeys under 30 minutes.
5 ○ Pain prevents me from traveling except to receive treatment.

FOR COORDINATOR'S USE ONLY:

Oswestry Score (sum of 10 responses x 2): ___

Initials of Person Completing Form: ___