

OSWESTRY v2

Patient's copy

<p>Pain Intensity (mark only 1)</p>	<p><input type="checkbox"/> I have no pain at the moment <input type="checkbox"/> The pain is very mild at the moment <input type="checkbox"/> The pain is moderate at the moment <input type="checkbox"/> The pain is fairly severe at the moment <input type="checkbox"/> The pain is very severe at the moment <input type="checkbox"/> The pain is the worst imaginable at the moment</p>
<p>Personal Care (washing, dressing, etc.)</p>	<p><input type="checkbox"/> I can look after myself normally, without causing extra pain <input type="checkbox"/> I can look after myself normally, but it is very painful <input type="checkbox"/> It is painful to look after myself and I am slow and careful <input type="checkbox"/> I need some help, but manage most of my personal care <input type="checkbox"/> I need help every day in most aspects of self care <input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed</p>
<p>Lifting (mark only 1)</p>	<p><input type="checkbox"/> I can lift heavy weights without extra pain <input type="checkbox"/> I can lift heavy weights but it gives extra pain <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned <input type="checkbox"/> I can lift only very light weights <input type="checkbox"/> I cannot lift anything at all</p>
<p>Walking (mark only 1)</p>	<p><input type="checkbox"/> Pain does not prevent me walking any distance <input type="checkbox"/> Pain prevents me walking more than 1 mile <input type="checkbox"/> Pain prevents me walking more than ½ mile <input type="checkbox"/> Pain prevents me from walking more than 100 yards <input type="checkbox"/> I can only walk using a stick or crutches <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet</p>
<p>Sitting (mark only 1)</p>	<p><input type="checkbox"/> I can sit in any chair as long as I like <input type="checkbox"/> I can sit in my favorite chair as long as I like <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour <input type="checkbox"/> Pain prevents me from sitting for more than ½ hour <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes <input type="checkbox"/> Pain prevents me from sitting at all</p>
<p>Standing (mark only 1)</p>	<p><input type="checkbox"/> I can stand as long as I want without extra pain <input type="checkbox"/> I can stand as long as I want, but it gives me extra pain <input type="checkbox"/> Pain prevents me from standing more than 1 hour <input type="checkbox"/> Pain prevents me from standing for more than ½ hour <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes <input type="checkbox"/> Pain prevents me from standing at all</p>
<p>Sleeping (mark only 1)</p>	<p><input type="checkbox"/> My sleep is never disturbed by pain <input type="checkbox"/> My sleep is occasionally disturbed by pain <input type="checkbox"/> Because of pain I have less than 6 hours of sleep <input type="checkbox"/> Because of pain I have less than 4 hours of sleep <input type="checkbox"/> Because of pain I have less than 2 hours of sleep <input type="checkbox"/> Pain prevents me from sleeping at all</p>
<p>Sex Life (mark only 1)</p>	<p><input type="checkbox"/> My sex life is normal and causes no extra pain <input type="checkbox"/> My sex life is normal, but causes some extra pain <input type="checkbox"/> My sex life is nearly normal, but it is very painful <input type="checkbox"/> My sex life is severely restricted by pain <input type="checkbox"/> My sex life is nearly absent because of pain</p>

	<input type="checkbox"/> Pain prevents any sex life at all
Social Life (mark only 1)	<input type="checkbox"/> My social life is normal and gives me no extra pain <input type="checkbox"/> My social life is normal, but increases the degree of pain <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interest e.g. sports, etc. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often <input type="checkbox"/> Pain has restricted my social life to home <input type="checkbox"/> I have no social life because of pain
Traveling (mark only 1)	<input type="checkbox"/> I can travel anywhere without extra pain <input type="checkbox"/> I can travel anywhere, but it gives me extra pain <input type="checkbox"/> Pain is bad, but I manage journeys over two hours <input type="checkbox"/> Pain restricts me to journeys of less than one hour <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes <input type="checkbox"/> Pain prevents me from traveling except to receive treatment

OSWESTRY v2

Physician's copy (for scoring purposes)

Pain Intensity (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I have no pain at the moment <input type="checkbox"/> The pain is very mild at the moment <input type="checkbox"/> The pain is moderate at the moment <input type="checkbox"/> The pain is fairly severe at the moment <input type="checkbox"/> The pain is very severe at the moment <input type="checkbox"/> The pain is the worst imaginable at the moment
Personal Care (washing, dressing, etc.)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I can look after myself normally, without causing extra pain <input type="checkbox"/> I can look after myself normally, but it is very painful <input type="checkbox"/> It is painful to look after myself and I am slow and careful <input type="checkbox"/> I need some help, but manage most of my personal care <input type="checkbox"/> I need help every day in most aspects of self care <input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed
Lifting (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I can lift heavy weights without extra pain <input type="checkbox"/> I can lift heavy weights but it gives extra pain <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned <input type="checkbox"/> I can lift only very light weights <input type="checkbox"/> I cannot lift anything at all
Walking (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> Pain does not prevent me walking any distance <input type="checkbox"/> Pain prevents me walking more than 1 mile <input type="checkbox"/> Pain prevents me walking more than ½ mile <input type="checkbox"/> Pain prevents me from walking more than 100 yards <input type="checkbox"/> I can only walk using a stick or crutches <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet
Sitting (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I can sit in any chair as long as I like <input type="checkbox"/> I can sit in my favorite chair as long as I like <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour <input type="checkbox"/> Pain prevents me from sitting for more than ½ hour <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes <input type="checkbox"/> Pain prevents me from sitting at all
Standing (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I can stand as long as I want without extra pain <input type="checkbox"/> I can stand as long as I want, but it gives me extra pain <input type="checkbox"/> Pain prevents me from standing more than 1 hour <input type="checkbox"/> Pain prevents me from standing for more than ½ hour <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes <input type="checkbox"/> Pain prevents me from standing at all
Sleeping (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> My sleep is never disturbed by pain <input type="checkbox"/> My sleep is occasionally disturbed by pain <input type="checkbox"/> Because of pain I have less than 6 hours of sleep <input type="checkbox"/> Because of pain I have less than 4 hours of sleep <input type="checkbox"/> Because of pain I have less than 2 hours of sleep <input type="checkbox"/> Pain prevents me from sleeping at all
Sex Life (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> My sex life is normal and causes no extra pain <input type="checkbox"/> My sex life is normal, but causes some extra pain <input type="checkbox"/> My sex life is nearly normal, but it is very painful <input type="checkbox"/> My sex life is severely restricted by pain <input type="checkbox"/> My sex life is nearly absent because of pain <input type="checkbox"/> Pain prevents any sex life at all
Social Life (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> My social life is normal and gives me no extra pain <input type="checkbox"/> My social life is normal, but increases the degree of pain <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interest e.g. sports, etc. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often <input type="checkbox"/> Pain has restricted my social life to home <input type="checkbox"/> I have no social life because of pain
Traveling (mark only 1)	[0 pt] [1 pt] [2 pt] [3 pt] [4 pt] [5 pt]	<input type="checkbox"/> I can travel anywhere without extra pain <input type="checkbox"/> I can travel anywhere, but it gives me extra pain <input type="checkbox"/> Pain is bad, but I manage journeys over two hours <input type="checkbox"/> Pain restricts me to journeys of less than one hour <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes <input type="checkbox"/> Pain prevents me from traveling except to receive treatment

Interpretation:

For each section of six statements the total score is 5; if the first statement is marked, the score is 0; if the last statement is marked, it is 5. Intervening statements are scored according to rank. If more than one box is marked in each section, take the highest score. If all 10 sections are completed the score is calculated as follows: $\frac{16(\text{total scored})}{50 (\text{total possible score})} \times 100 = 32\%$.

If one section is missed (or not applicable) the score is calculated: Example: $\frac{16 (\text{total scored})}{45 (\text{total possible score})} \times 100 = 35.5\%$ Therefore, the final score may be summarized as: $(\text{total score} / (5 \times \text{number of questions answered})) \times 100\%$. The authors suggest rounding the percentage to a whole number for convenience.

Refer to the following timetable for timely scoring.

References:

1. Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. *Spine*. 2000 Dec 15;25(24):3115-24.
2. Fairbank JC, Pynsent PB, The Oswestry Disability Index. *Spine* 2000; 25(22):2940-2952
3. Fairbank JCT, Couper J, Davies JB. The Oswestry low Back Pain Questionnaire. *Physiotherapy* 1980; 66: 271-273.
4. Mehra A, Baker D, Disney S, Pynsent PB. Oswestry disability index scoring made easy. *Ann R Coll Surg Engl* 2008; 90: 497–499.