Name: _____   Date: _____

Oswestry Lumbar 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 | *Unbearable Pain*

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 is severe, but comes and goes.
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 increases 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 causes extra pain.
2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. 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 — Sleeping
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 of sleep.
3. Because of pain I have less than 4 hours of sleep.
4. Because of pain I have less than 2 hours of sleep.
5. Pain prevents me from sleeping at all.

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 at a time.
3. Pain prevents me from sitting more than ½ hr at a time.
4. Pain prevents me from sitting more than 10 minutes at a time.
5. I avoid sitting because it immediately increases pain.

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 without time.
2. I cannot stand for longer than 1 hr without increasing pain.
3. I cannot stand for longer than ½ hr without increasing pain.
4. I cannot stand for longer than 10 min. without increasing pain.
5. I avoid standing because it increases the pain immediately.

Section 7 — Walking
0. I have no pain with walking.
1. I have some pain with 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 8 — Social Life
0. My social life is normal and gives me no extra 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. 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 no social life because of pain.

Section 9 — Traveling
0. I can travel anywhere without pain.
1. I can travel anywhere but it gives me extra pain.
2. Pain is bad but I manage travel over 2 hours.
3. Pain restricts me to travel of less than 1 hour.
4. Pain restricts me to short necessary travel under 30 minutes.
5. Pain prevents me from traveling.

Section 10 — Changing Degree of Pain
0. My pain is rapidly improving.
1. My pain fluctuates but is definitely improving.
2. My pain seems to be improving but slowly.
3. My pain is neither improving or worsening.
4. My pain is gradually worsening.
5. My pain is rapidly worsening.

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Total _____