



NAME _____ Primary Complaint: _____

Preferred Pronoun: *He/Him/His* *She/Her/Hers* *They/Them/Theirs* *Other*

1. Please indicate your usual level of pain during the past week:
No pain* 0 1 2 3 4 5 6 7 8 9 10 *Worst possible pain
2. Does pain, numbness, tingling or weakness extend into your leg (from low back) and/or arm (from neck)?
None of the time* 0 1 2 3 4 5 6 7 8 9 10 *All of the time
3. How would you rate your general health? (10-x)
Poor* 0 1 2 3 4 5 6 7 8 9 10 *Excellent
4. If you had to spend the rest of your life with your condition as it is right now, how would you feel?
Delighted* 0 1 2 3 4 5 6 7 8 9 10 *Terrible
5. How anxious (i.e., tense, uptight, irritable, fearful, difficulty in concentrating/relaxing) have you been feeling during the past week?
Not at all* 0 1 2 3 4 5 6 7 8 9 10 *Extremely anxious
6. How much have you been able to control (i.e., reduce/help) your pain/complaint on your own during the past week?
I can reduce it* 0 1 2 3 4 5 6 7 8 9 10 *I can't reduce it all
7. Please indicate how depressed (e.g., blue, downhearted, sad, in low spirits, pessimistic, hopeless feeling) you have been feeling in the past week
Not depressed at all* 0 1 2 3 4 5 6 7 8 9 10 *Extremely depressed
8. On a scale of 0 to 10, how certain are you that you will be doing normal activities or working within six months?
Very certain* 0 1 2 3 4 5 6 7 8 9 10 *Not certain at all
9. I can do light work for an hour:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
10. I can sleep at night:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
11. An increase in pain is an indication that I should stop what I am doing until the pain decreases:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
12. Physical activity makes my pain worse:
Completely disagree* 0 1 2 3 4 5 6 7 8 9 10 *Completely agree
13. I should not do my normal activities, including work, with my present pain:
Completely disagree* 0 1 2 3 4 5 6 7 8 9 10 *Completely agree

Patient Signature _____

Date: _____



Patient Specific Functional Scale (PSFS):

Identify 2-3 activities that you are not able to do or have difficulty with as a result of your chief complaint.

Write the activity that you are having trouble with in the space provided below (e.g., running, sitting, standing, etc.), then circle the number that corresponds to that activity.

1. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

2. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

3. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

Pain Limitation: Over the past 24 hours, how much has your pain limited you from performing any of your normal, daily activities?

Activities severely limited 0 1 2 3 4 5 6 7 8 9 10 Activities not limited

Pain Intensity: Over the past 24 hours, how bad has your pain been?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

THE REVISED OSWESTRY LOW BACK PAIN QUESTIONNAIRE

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR CURRENT PROBLEM.

<p>SECTION 1 - Pain Intensity</p> <p>A The pain comes and goes and is very mild. B The pain is mild and does not vary much. C The pain comes and goes and is moderate. D The pain is moderate and does not vary much. E The pain comes and goes and is severe. F The pain is severe and does not vary much.</p>	<p>SECTION 6 - Standing</p> <p>A I can stand as long as I want without pain. B I have some pain on standing but it does not increase with time. C I cannot stand for longer than 1 hour without increasing pain. D I cannot stand for longer than 1/2 hour without increasing pain. E I cannot stand for longer than 10 minutes without increasing pain. F I avoid standing because it increases the pain immediately.</p>
<p>SECTION 2 - Personal Care</p> <p>A I do not have to change my way of washing or dressing in order to avoid pain. B I do not normally change my way of washing or dressing even though it causes some pain. C Washing and dressing increases the pain but I manage not to change my way of doing it. D Washing and dressing increases the pain and I find it necessary to change my way of doing it. E Because of the pain I am unable to do some washing and dressing without help. F Because of the pain I am unable to do any washing and dressing without help.</p>	<p>SECTION 7 - Sleeping</p> <p>A I get no pain in bed. B I get pain in bed but it does not prevent me from sleeping well. C Because of pain my normal night's sleep is reduced by less than 1/4. D Because of pain my normal night's sleep is reduced by less than 1/2. E Because of pain, my normal night's sleep is reduced by less than 3/4. F Pain prevents me from sleeping at all.</p>
<p>SECTION 3 - Lifting</p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights but it causes extra pain. C Pain prevents me from lifting heavy weights off the floor. D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table. E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. F I can only lift very light weights at the most.</p>	<p>SECTION 8 - Social Life</p> <p>A My social life is normal and gives me no pain. B My social life is normal but increases the degree of my pain. C Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing. D Pain has restricted my social life, and I do not go out very often. E Pain has restricted my social life to my home. F I have hardly any social life because of the pain.</p>
<p>SECTION 4 - Walking</p> <p>A I have no pain on walking. B I have some pain on walking but it does not increase with distance. C I cannot walk more than 1 mile without increasing pain. D I cannot walk more than 1/2 mile without increasing pain. E I cannot walk more than 1/4 mile without increasing pain. F I cannot walk at all without increasing pain</p>	<p>SECTION 9 - Travel</p> <p>A I get no pain while traveling. B I get some pain while traveling, but none of my usual forms of travel make it any worse. C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. D I get extra pain while traveling, which compels me to seek alternative forms of travel. E Pain restricts all forms of travel. F Pain prevents all forms of travel except that done lying down.</p>
<p>SECTION 5 - Sitting</p> <p>A I can sit in any chair as long as I like. B I can sit only in my favorite chair as long as I like. C Pain prevents me from sitting more than 1 hour. D Pain prevents me from sitting more than 1/2 hour. E Pain prevents me from sitting more than 10 minutes. F I avoid sitting because it increases pain straight away.</p>	<p>SECTION 10 - Changing degree of pain</p> <p>A My pain is rapidly getting better. B My pain fluctuates but overall is definitely getting better. C My pain seems to be getting better but improvement is slow at present. D My pain is neither getting better nor worse. E My pain is gradually worsening. F My pain is rapidly worsening.</p>

Here are some of the things other patients have told us about their pain. For each statement, please circle the number from 0 to 6 to indicate how much physical activities such as bending, lifting, walking or driving affect or would affect your back pain.

	Completely Disagree				Unsure			Completely Agree
1. My pain was caused by physical activity.	0	1	2	3	4	5	6	
2. Physical activity makes my pain worse.	0	1	2	3	4	5	6	
3. Physical activity might harm my back.	0	1	2	3	4	5	6	
4. I should not do physical activities which (might) make my pain worse.	0	1	2	3	4	5	6	
5. I cannot do physical activities which (might) make my pain worse.	0	1	2	3	4	5	6	

The following statements are about how your normal work affects or would affect your back pain.

	Completely Disagree				Unsure			Completely Agree
6. My pain was caused by my work or by an accident at work.	0	1	2	3	4	5	6	
7. My work aggravated my pain	0	1	2	3	4	5	6	
8. I have a claim for compensation for my pain	0	1	2	3	4	5	6	
9. My work is too heavy for me.	0	1	2	3	4	5	6	
10. My work makes or would make my pain worse.	0	1	2	3	4	5	6	
11. My work might harm my back.	0	1	2	3	4	5	6	
12. I should not do my regular work with my present pain.	0	1	2	3	4	5	6	
13. I cannot do my normal work with my present pain.	0	1	2	3	4	5	6	
14. I cannot do my normal work until my pain is treated.	0	1	2	3	4	5	6	
15. I do not think that I will be back to my normal work within 3 months.	0	1	2	3	4	5	6	
16. I do not think that I will ever be able to go back to that work.	0	1	2	3	4	5	6	
