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Oswestry Questionnaire

Date: _____ / _____ / _____

Name: _____ D.O.B. _____ / _____ / _____

Instructions: This questionnaire has been designed to obtain information regarding how your back and/or neck pain has affected your ability to manage everyday life.

* Mark *ONLY ONE* answer for each section.

* Answer every section.

We realize you may consider that two or more of the statements in any one section relate to you. Please select only the one that most clearly describes your condition.

SECTION 1: Pain intensity (mark only one):

- 0 I have no pain at the 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 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 is very painful.
- 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 gives extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned (i.e.: 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.

First Name: _____ Last Name: _____ D.O.B.: _____

SECTION 4: Walking (mark only one):

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than 1 mile.
- 2 Pain prevents me from walking 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 any 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 any extra pain.
- 1 I can stand as long as I want, but it gives me extra pain.
- 2 Pain prevents me from standing for 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: 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 it is very painful.
- 3 My sex life is severely restricted by pain.
- 4 My sex life is nearly absent because of pain.
- 5 Pain prevents any sex life at all.

SECTION 8: 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 not significantly had an effect on my social life apart from limiting my more energetic interests.
- 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 9: Travelling (mark only one):

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

Patient Signature: _____