

HERSHEY ORTHOPEDIC & SPINE REHABILITATION

MODIFIED OSWESTRY QUESTIONNAIRE

NAME: _____

DATE: _____

CHOOSE ONLY ONE IN EACH CATEGORY THAT BEST DESCRIBES YOUR CONDITION

PAIN INTENSITY

- ☐ I have no pain at all.
- ☐ I have pain but I still don't need medications.
- ☐ Medication gives me complete relief.
- ☐ Medication gives me moderate relief.
- ☐ Medication gives me little relief.
- ☐ Medication gives me no relief.

PERSONAL CARE (WASHING, DRESSING)

- ☐ I can take care of myself normally.
- ☐ I can take care of myself with some difficulty.
- ☐ I can take care of myself with a lot of difficulty.
- ☐ I need a lot of help to take care of myself.
- ☐ I need someone to care for me at all times.

LIFTING

- ☐ I can lift heavy weights (50 to 100 lbs).
- ☐ I can lift heavy weights but with difficulty.
- ☐ I can only lift moderate weights (25 to 50 lbs).
- ☐ I can lift only light weights (10 to 25 lbs).
- ☐ I can lift only very light weights (5 to 10 lbs).
- ☐ I cannot lift anything at all.

WALKING

- ☐ I can walk any distance.
- ☐ I cannot walk more than 1 mile.
- ☐ I cannot walk more than ½ mile.
- ☐ I cannot walk more than ¼ mile.
- ☐ I can only walk with a cane, crutches or walker.
- ☐ I am unable to walk.

SITTING

- ☐ I can sit in any chair as long as I want.
- ☐ I can sit only in certain chairs as long as I want.
- ☐ I cannot sit more than 1 hour.
- ☐ I cannot sit more than ½ hour.
- ☐ I cannot sit more than 10 minutes.
- ☐ I cannot sit at all.

STANDING

- ☐ I can stand as long as I want.
- ☐ I can stand a long time but with pain.
- ☐ I cannot stand more than 1 hour.
- ☐ I cannot stand more than ½ hour.
- ☐ I cannot stand more than 10 minutes.
- ☐ I cannot stand at all.

SLEEPING

- ☐ I have no trouble sleeping.
- ☐ I need medications to sleep well.
- ☐ Even with medications, I sleep less than 6 hours.
- ☐ Even with medications, I sleep less than 4 hours.
- ☐ I cannot sleep at all.

SOCIAL LIFE

- ☐ My social life is normal.
- ☐ My social life is sometimes limited.
- ☐ I cannot do vigorous activities (sports, etc).
- ☐ I do not go out very often due to my problem.
- ☐ My social life is restricted only to my home.
- ☐ I have no social life at all.

TRAVELING

- ☐ I can travel anywhere without restrictions.
- ☐ I can travel anywhere but with some difficulty.
- ☐ I cannot travel more than 2 hours.
- ☐ I cannot travel more than 1 hour.
- ☐ I cannot travel more than ½ hour.
- ☐ I cannot travel at all except for appointments.

EMPLOYMENT/HOMEMAKING

- ☐ I have no problems doing my job/homemaking.
- ☐ I can do them but with some difficulty.
- ☐ I can only do light duty activities.
- ☐ I need frequent breaks even doing light activities.
- ☐ I need help with my activities.
- ☐ I cannot do any work at all.