Wyoming Initiative for Medical Evaluation and Treatment:  Spine Injury and Pain

OSWESTRY
Claimant is to complete this form

Name: ________________________________ Date: ________________________________

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Please rate the severity of your pain by circling a number below</th>
<th>Unbearable Pain</th>
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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 comes and goes and is severe
5 The pain is severe and does not vary much

Section 2 - Personal Care (Washing, Dressing, etc.)
0 I do 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 increase 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 gives extra pain
2 Pain prevents me lifting heavy weights off the floor
3 Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table
4 Pain prevents me lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
5 I can only lift very light weights at most

Section 4 - Walking
0 I have no pain on walking
1 I have some pain on 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 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
3 Pain prevents me from sitting more than ½ hour
4 Pain prevents me from sitting more than 10 minutes
5 I avoid sitting because it increases pain immediately

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

Section 7 - Sleeping
0 I get no pain in bed
1 I get pain in bed but it does not prevent me from sleeping well
2 Because of pain my normal nights sleep is reduced by less than one-quarter
3 Because of pain my normal nights sleep is reduced by less than one-half
4 Because of pain my normal nights sleep is reduced by less than three-quarters
5 Pain prevents me from sleeping at all

Section 8 - Social Life
0 My social life is normal and gives me no 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., dancing, etc.
3 Pain has restricted my social life and I do not go out very often
4 Pain has restricted by social life to my home
5 I have hardly any social life because of the pain

Section 9 - Traveling
0 I get no pain when traveling
1 I get some pain when traveling, but none of my usual forms of travel make it any worse
2 I get extra pain while traveling, but it does not compel me to seek alternate forms of travel
3 I get extra pain while traveling which compels me to seek alternative forms of travel
4 Pain restricts me to short necessary journeys under ½ hour
5 Pain restricts all forms of travel

Section 10 - Changing Degree of Pain
0 My pain is rapidly getting better
1 My pain fluctuates, but is definitely getting better
2 My pain seems to be getting better, but improvement is slow
3 My pain is neither getting better or worse
4 My pain is gradually worsening
5 My pain is rapidly worsening

TOTAL SCORE: ________________________________