

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

OSWESTRY

Claimant is to complete this form

Name: _____

Date: _____

No Pain	Please rate the severity of your pain by circling a number below								Unbearable Pain	
0	1	2	3	4	5	6	7	8	9	10

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: _____