



MODIFIED OSWESTRY QUESTIONNAIRE - UPPER BODY

Name: _____

Date: _____
Disability: _____ %

Place an "x" in each section that best describes the condition in which you are being seen:

1. Pain Intensity:

- 0 I have no pain at all
- 1-3 I have some pain, and/or medications give me complete relief
- 4-6 I have mild pain, and/or medications give me moderate relief
- 7-9 I have moderate pain, and/or medications give me minimal relief
- 10 I have severe pain, and/or medications give me no relief

2. Personal Care (Bathing, Dressing, Feeding):

- I can take care of myself normally
- I can take care of myself with minimal difficulty
- I can take care of myself with moderate difficulty
- I can take care of myself with severe difficulty
- I need someone to help care for me

3. Lifting:

- I can lift my usual weights overhead without any problems
- I can lift my usual weights, but not overhead
- I can only lift between 50%-75% of my usual weights, but not overhead
- I can only lift between 25%-50% of my usual weights, but not overhead
- I am unable to lift anything at all

4. Driving:

- I can drive my vehicle any distance
- I can only drive my vehicle up to 75% of my normal distance
- I can only drive my vehicle up to 50% of my normal distance
- I can only drive my vehicle up to 25% of my normal distance
- I am unable to drive at all

5. Sitting

- I can sit in a chair as long as I want
- I am unable to sit for more than 1 hour
- I am unable to sit for more than 1/2 hour
- I am unable to sit for more than 10 minutes
- I am unable to sit at all

6. Gripping:

- I can grip objects as long as I want without any problems
- I can only grip objects up to 75% of my normal grasp
- I can only grip objects up to 50% of my normal grasp
- I can only grip objects up to 25% of my normal grasp
- I am unable to grip objects at all

7. Sleeping:

- I have no trouble sleeping all night
- I can only sleep up to 75% of my normal night
- I can only sleep up to 50% of my normal night
- I can only sleep up to 25% of my normal night
- I am unable to sleep at all

8. Social Life / Recreation:

- I am able to engage in all my normal social / recreational activities
- I am able to engage in up to 75% of my normal social / recreational activities
- I am able to engage in up to 50% of my normal social / recreational activities
- I am able to engage in up to 25% of my normal social / recreational activities
- I am unable to engage in any social / recreational activities

9. Reaching:

- I can reach anything I desire without any problems
- I can only reach up to 75% of my normal capabilities
- I can only reach up to 50% of my normal capabilities
- I can only reach up to 25% of my normal capabilities
- I am unable to reach for anything

10. Employment / Homemaking:

- I am able to perform my normal job / homemaking activities without any difficulty
- I can only perform up to 75% of my normal job / homemaking activities
- I can only perform up to 50% of my normal job / homemaking activities
- I can only perform up to 25% of my normal job / homemaking activities
- I am unable to perform any job / homemaking activities