

## THE REVISED OSWESTRY PAIN QUESTIONNAIRE

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOW LONG HAVE YOU HAD BACK PAIN? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ WEEKS

IS THIS YOUR FIRST EPISODE OF LOW BACK PAIN? \_\_\_\_ YES \_\_\_\_ NO

**USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW.**

KEY:

**A** = ACHE

**P** = PINS & NEEDLES

**B** = BURNING

**S** = STABBING

**N** = NUMBNESS

**O** = OTHER

