

**Wunderlich Chiropractic Clinic, P.A.**  
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**Please Read:** This questionnaire is designed to enable your physician to understand how much your back pain has affected your ability to manage everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please **just circle the one choice which closely describes your problem *right now*.**

**SECTION 1 – Pain Intensity**

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

**SECTION 2 – Personal Care**

- A. I would not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increase the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E. Because of the pain, I am unable to do any washing or dressing without help.
- F. I do not get dressed; I wash with difficulty and mainly stay in bed.

**SECTION 3 – Lifting**

- A. I can lift heavy weights without increased pain.
- B. I can lift heavy weights but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
- E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

**SECTION 4 – Walking**

- A. Pain does not prevent me from walking any distance.
- B. Pain prevents me from walking more than one mile.
- C. Pain prevents me from walking more than 1/2 mile.
- D. Pain prevents me from walking more than 1/4 mile.
- E. I can only walk using a cane or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

**SECTION 5 – Sitting**

- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than 1/2 hour.
- E. Pain prevents me from sitting more than ten minutes.
- F. Pain prevents me from sitting at all.

**SECTION 6 – Standing**

- A. I can stand as long as I want without pain
- B. I have some pain while standing, but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than ½ hour without increasing pain.
- E. I can't stand for more than 10 minutes without increasing pain.
- F. I avoid standing because it increases pain right away.

**SECTION 7 – Sleeping**

- A. I get no pain when I am in bed.
- B. I get pain in bed, but it does not prevent me from sleeping.
- C. Because of my pain, my sleep is only 3/4 of my normal amount.
- D. Because of my pain, my sleep is only 1/2 of my normal amount.
- E. Because of my pain, my sleep is only 1/4 of my normal amount.
- F. Pain prevents me from sleeping at all.

**SECTION 8 – Social Life**

- A. My social life is normal and does not increase my pain.
- B. My social life is normal, but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing, etc.)
- D. Pain has restricted my social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. I have hardly any social life because of my pain.

**SECTION 9 – Traveling**

- A. I experience no pain while traveling.
- B. I experience some pain while traveling, but none of my usual forms of travel make it any worse.
- C. I experience increased pain while traveling, but it does not compel me to seek alternative forms of travel.
- D. I experience increased pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel except that done lying down.
- F. Pain restricts all forms of travel.

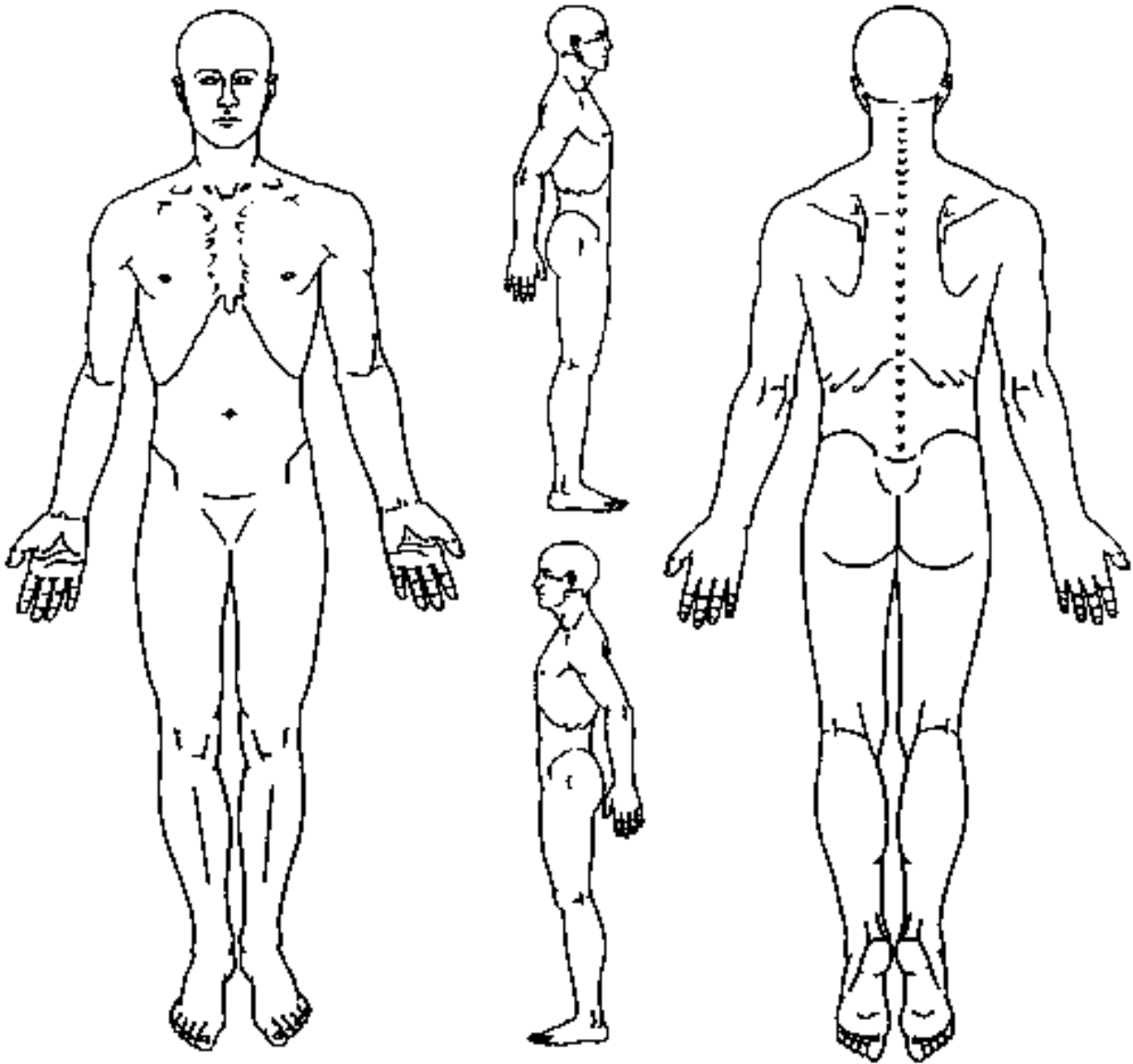
**SECTION 10 – Changing Degree of Pain**

- A. My pain is rapidly getting better.
- B. My pain fluctuates but overall is definitely getting better.
- C. My pain seems to be getting better but improvement is slow at the present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

**THE REVISED OSWESTRY BACK PAIN QUESTIONNAIRE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

On the diagram below, please indicate where you are experiencing pain, right now. **Please complete both sides of this form.**



**A** = ACHE

**B** = BURNING

**N** = NUMBNESS

**P** = PINS & NEEDLES   **S** = STABBING

**O** = OTHER