

THE FIBROMYALGIA OSWESTRY PAIN QUESTIONNAIRE

Please Read: This questionnaire is designed to enable us to understand how much your pain has affected your ability to manage your everyday activities. Please answer each Section by circling the **ONE CHOICE** the 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 MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

NAME: _____ **DATE:** _____

SECTION 1—Pain Intensity

- 0 My pain comes and goes and is very mild.
- 1 My pain is mild and does not vary much.
- 2 My pain comes and goes and it is moderate.
- 3 My pain is moderate and does not vary much.
- 4 My pain comes and goes and is severe.
- 5 My pain is severe and does not vary much.

SECTION 2—Fatigue

- 0 My fatigue comes and goes and is very mild.
- 1 My fatigue is mild and does not vary much.
- 2 My fatigue comes and goes and it is moderate.
- 3 My fatigue is moderate and does not vary much.
- 4 My fatigue comes and goes and it is severe.
- 5 My fatigue is severe and does not vary much.

SECTION 3—Personal Care

- 0 I would 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 increases 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 or dressing without help.

SECTION 4—Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor.
- 3 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- 4 Pain prevents me from lifting heavy weights, but I manage light to medium weights if they are conveniently positioned.
- 5 I can only lift very light weights, at the most.

SECTION 5—Walking

- 0 Pain does not prevent me from walking any distance
- 1 Pain prevents me from walking more than one mile.
- 2 Pain prevents me from walking more than ½ mile.
- 3 Pain prevents me from walking ¼ mile.
- 4 I can only walk while using a cane or on crutches.
- 5 I am in bed most of the time and have to crawl to the toilet.

SECTION 6—Sitting

- 0 I can sit in any chair as long as I like without pain.
- 1 I can only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting more than one hour.
- 3 Pain prevents me from sitting more than ½ hour.
- 4 Pain prevents me from sitting more than ten minutes.
- 5 Pain prevents me from sitting at all.

SECTION 7—Standing

- 0 I can stand as long as I want without pain.
- 1 I have some pain while 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 1/2 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 right away.

SECTION 8--Sleeping

- 0 I have no pain in bed.
- 1 I have pain in bed, but it does not prevent me from sleeping well.
- 2 Because of symptoms, my normal night's sleep is reduced by less than one-quarter.
- 3 Because of symptoms, my normal night's sleep is reduced by less than one-half.
- 4 Because of symptoms, my normal night's sleep is reduced by less than three-quarters.
- 5 My symptoms prevent me from sleeping at all.

SECTION 9—Gastro-Intestinal

- 0 I have no problems with my GI tract.
- 1 I have mild problems with gas, bloating, constipation and/or diarrhea.
- 2 I have mild/moderate problems with gas, bloating, constipation and/or diarrhea.
- 3 I have moderate problems with gas, bloating, constipation, and/or diarrhea.
- 4 I have moderate to severe problems with gas, bloating, constipation, and/or diarrhea.
- 5 I have severe problems with gas, bloating, constipation, and/or diarrhea.

SECTION 9—Social Life

- 0 My social life is normal and gives me no pain.
- 1 My social life is normal, but 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 my social life to my home.
- 5 I have hardly any social life because of the pain.

SECTION 10--Traveling

- 0 I get no pain while traveling.
- 1 I get some pain while 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 all forms of travel except that done lying down.

- 5 Pain restricts all forms of travel.

SECTION 11—Changing Degree of Pain

- 0 My pain is rapidly getting better
 1 My pain fluctuates, but overall is definitely getting better.
 2 My pain seems to be getting better, but improvement is slow at present.
 3 My pain is neither getting better or worse.
 4 My pain is gradually worsening.
 5 My pain is rapidly worsening.

SECTION 12—Changing Degree of Fatigue

- 0 My fatigue is rapidly getting better
 1 My fatigue fluctuates, but overall is definitely getting better.
 2 My fatigue seems to be getting better, but improvement is slow at present.
 3 My fatigue is neither getting better or worse.
 4 My fatigue is gradually worsening.
 5 My fatigue is rapidly worsening.

(To Be Completed By Doctor: Score_____)