

**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**

