

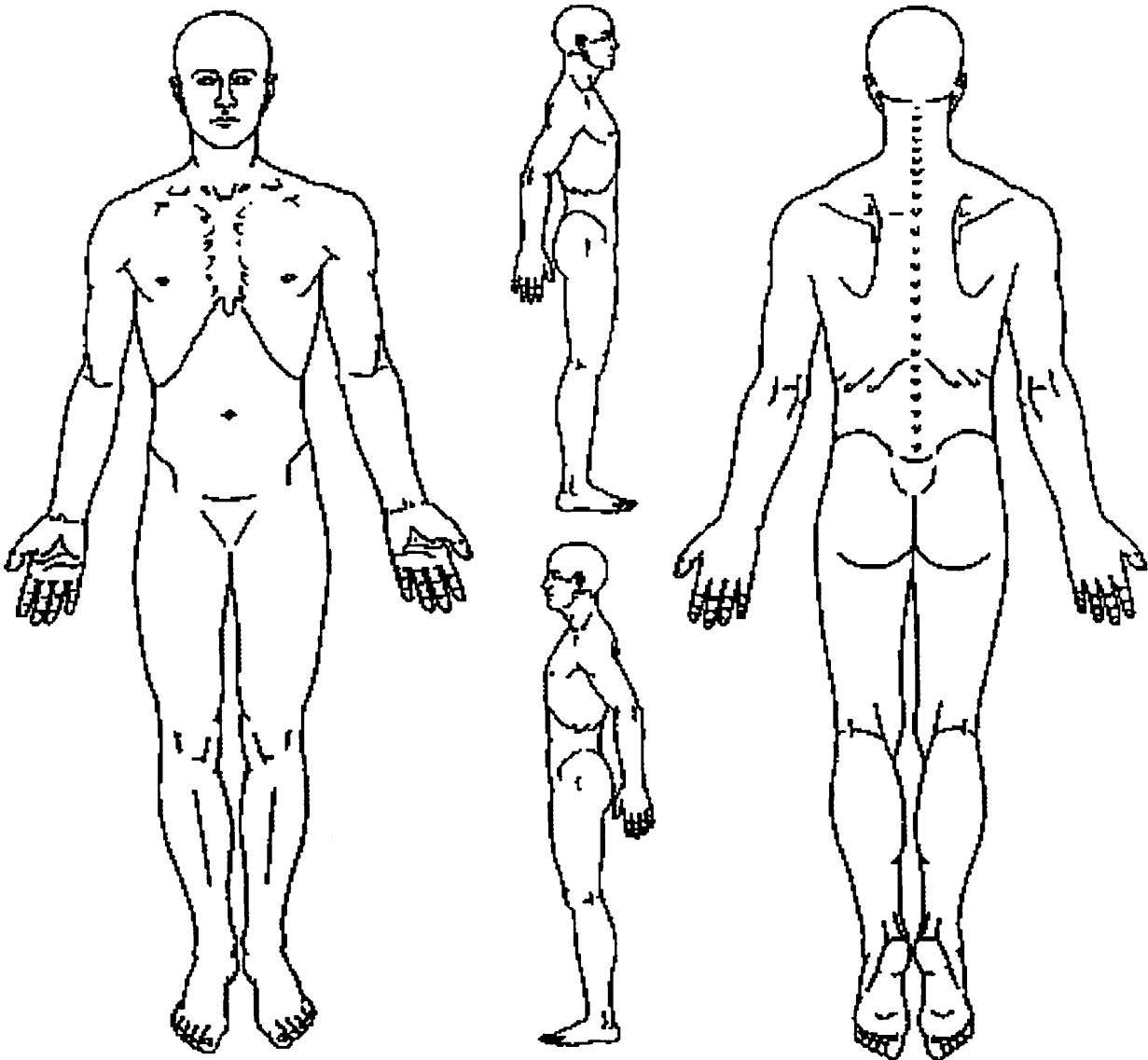
# THE REVISED OSWESTRY PAIN QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

How long have you had back pain \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

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**