

Department of Health and Human Services  
 Commissioned Corps of the U.S. Public Health Service  
 Office of Commissioned Corps Operations  
 ATTN: Medical Evaluations Officer  
 Suite 100, Plaza Level  
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 Rockville, MD 20852  
**OWESTRY LOW BACK QUESTIONNAIRE**

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the HHS/OS Reports Clearance Officer, 200 Independence Avenue, SW, Room 537-H, Washington, DC 20012 (PRA 0990-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

NAME		SOCIAL SECURITY NUMBER		DATE
REF: HEALTHCARE PROVIDER			AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HOW LONG HAVE YOU HAD BACK PAIN? Years _____ Months _____ Weeks _____			HOW LONG HAVE YOU HAD LEG PAIN? Years _____ Months _____ Weeks _____	

**INSTRUCTIONS:** Please complete the following questions regarding how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the one box that applies to you. We realized you may consider that two of the statements in any one section may relate to you, but please just mark the box which most closely describes your problem.

*Note:* It is intended that this form be completed online as a link to a 'Yes' answer on Item 53 of form PHS-7060, Report of Medical History. In the event an applicant to the Commissioned Corps of the U.S. Public Health Service cannot complete this form online, the applicant must complete the form in paper format and mail it to the Office of Commissioned Corps Operations at the above address and mark envelope "To be Opened by Medical Personnel Only." If more space is needed (for versions of this form without expandable fields), please use the applicable area on page 3.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 42 U.S.C. 202 et seq. and Executive Order 9397.

**RECORDS SYSTEM:** 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS.

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to the Commissioned Corps of the U.S. Public Health Service.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper an applicant's candidacy. Use of the Social Security Number is used for positive identification of records.

**Section 1 – Pain Intensity**

- I can tolerate the pain I have without having to use pain killers.
- The pain is bad but I manage without taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give very little relief from pain.
- Pain killers have no effect on the pain and I do not use them.

PROOF

**Section 2 – Personal Care (Washing, Dressing, etc.)**

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help everyday in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

**Section 3 – Lifting**

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

(Continued)

**OWESTRY LOW BACK QUESTIONNAIRE (Continued)**

**Section 4 – Walking**

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

**Section 5 – Sitting**

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

**Section 6 – Standing**

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

**PROOF**

**Section 7 – Sleeping**

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.
- Even when I take tablets I have less than 6 hours sleep.
- Even when I take tablets I have less than 4 hours sleep.
- Even when I take tablets I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

**Section 8 – Sex Life**

- My sex life is normal and causes no extra pain.
- My sex life is normal and causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

**Section 9 – Social Life**

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

(Continued)

**Section 10 – Traveling**

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I can manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from traveling except to the doctor or the hospital.

**COMMENTS:**

**PROOF**