

Name: _____ Date: ____ / ____ / ____

Oswestry Disability Index – Neck Pain

This questionnaire had been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. **Please answer every 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.**

Pain Intensity

- 0. I have no pain at the moment
- 1. The pain is mild at the moment.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain is severe but comes and goes.
- 5. The pain is severe and does not vary much.

Personal Care

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

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 but I can if they are conveniently positioned. (ex. on a table)
- 3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 4. I can lift very light weights.
- 5. I cannot lift or carry anything at all.

Reading

- 0. I can read as much as I want to with no pain in my neck.
- 1. I can read as much as I want with slight pain in my neck.
- 2. I can read as much as I want with moderate pain in my neck.
- 3. I can't read as much as I want because of the pain in my neck.
- 4. I can't read as much as I want because of severe pain in my neck.
- 5. I cannot read at all.

Headache

- 0. I have no headaches at all.
- 1. I have slight headaches which come infrequently.
- 2. I have moderate headaches which come in-frequently.
- 3. I have moderate headaches which come frequently.
- 4. I have severe headaches which come frequently.
- 5. I have headaches almost all the time.

Concentration

- 0. I can concentrate fully when I want to with no difficulty.
- 1. I can concentrate fully when I want to with slight difficulty.
- 2. I have a fair degree of difficulty in concentrating when I want to.
- 3. I have a lot of difficulty in concentrating when I want to.
- 4. I have a great deal of difficulty in concentrating when I want to.
- 5. I cannot concentrate at all.

Work

- 0. I can do as much work as I want to.
- 1. I can only do my usual work, but no more.
- 2. I can do most of my usual work, but no more.
- 3. I cannot do my usual work.
- 4. I can hardly do any work at all.
- 5. I cannot do any work at all.

Driving (or Travelling)

- 0. I can drive my car without neck pain.
- 1. I can drive my car as long as I want with slight pain in my neck.
- 2. I can drive my car as long as I want with moderate pain in my neck.
- 3. I cannot drive my car as long as I want because of moderate pain in my neck.
- 4. I can hardly drive my car at all because of severe pain in my neck.
- 5. I cannot drive my car at all.

Sleeping

- 0. I have no trouble sleeping
- 1. My sleep is slightly disturbed (less than 1 hour sleepless).
- 2. My sleep is mildly disturbed (1-2 hours sleepless).
- 3. My sleep is moderately disturbed (2-3 hours sleepless).
- 4. My sleep is greatly disturbed (3-5 hours sleepless).
- 5. My sleep is completely disturbed (5-7 hours sleepless).

Recreation

- 0. I am able engage in all recreational activities with no pain in my neck at all.
- 1. I am able engage in all recreational activities with some pain in my neck.
- 2. I am able engage in most, but not all recreational activities because of pain in my neck.
- 3. I am able engage in a few of my usual recreational activities because of pain in my neck.
- 4. I can hardly do any recreational activities because of pain in my neck.
- 5. I cannot do any recreational activities all.

Office Use

Patient Score: _____ x 2 =

_____ %