



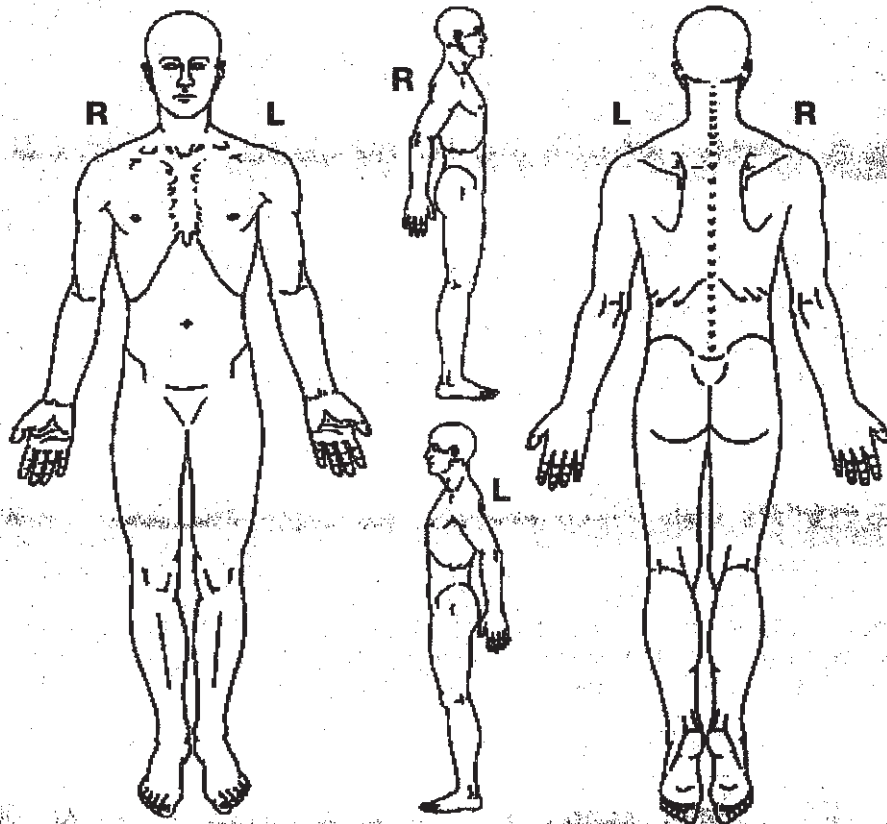
**OSWESTRY QUESTIONNAIRE - NECK**

**PATIENT NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of onset of symptoms:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.

- A = Ache**
- B = Burning**
- N = Numbness**
- P = Pins & Needles**
- S = Stabbing**
- ⊙ = Other**



**Pain Assessment Scale**



0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Annoying	Discomforting Nagging	Distressing Miserable	Horrible Intense	Excruciating Unbearable					

Please write the number that best describes your pain right now: \_\_\_\_\_

Pain is present but does not limit activities  
 Can do most activities with rest periods  
 Unable to do some activities because of pain  
 Unable to do most activities because of pain  
 Unable to do any activities because of pain

**OVER PLEASE** →

**INSTRUCTIONS:** Please complete this questionnaire. It is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each statement 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*.

<b>SECTION 1- Pain Intensity</b>	<b>SECTION 6 - Concentration</b>
A. I have no pain at the moment.	A. I can concentrate fully when I want to with no difficulty.
B. The pain is mild at the moment.	B. I can concentrate fully when I want to with slight difficulty.
C. The pain comes and goes and is moderate.	C. I have a fair degree of difficulty in concentrating when I want to.
D. The pain is moderate and does not vary much.	D. I have a lot of difficulty in concentrating when I want to.
E. The pain is severe but comes and goes.	E. I have a great deal of difficulty in concentrating when I want to.
F. The pain is severe and does not vary much.	F. I cannot concentrate at all.
<b>SECTION 2- Personal Care (Washing, Dressing, etc.)</b>	<b>SECTION 7- Work</b>
A. I can look after myself normally without causing extra pain.	A. I can do as much work as I want to.
B. I can look after myself normally, but it is very painful.	B. I can only do my usual work, but no more.
C. It is painful to look after myself, and I am slow and careful.	C. I can only do most of my usual work, but no more.
D. I need some help, but I manage most of my personal care.	D. I cannot do my usual work.
E. I need help every day in most aspects of self care.	E. I can hardly do any work at all.
F. I do not get dressed, I wash with difficulty, I stay in bed.	F. I cannot do any work at all.
<b>SECTION 3 - Lifting</b>	<b>SECTION 8- Driving</b>
A. I can lift heavy weights without extra pain.	A. I can drive my car without neck pain.
B. I can lift heavy weights, but it gives me extra pain.	B. I can drive my car as long as I want with slight pain in my neck.
C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.	C. I can drive my car as long as I want with moderate pain in my neck.
D. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.	D. I cannot drive my car as long as I want because of moderate pain in my neck.
E. I can only lift very light weights.	E. I can hardly drive my car at all because of severe pain in my neck.
F. I cannot lift or carry any thing at all.	F. I cannot drive my car at all.
<b>SECTION 4- Reading</b>	<b>SECTION 9 - Sleeping</b>
A. I can read as much as I want to with no pain in my neck.	A. I have no trouble sleeping.
B. I can read as much as I want to with slight pain in my neck.	B. My sleep is slightly disturbed (less than 1 hour sleepless).
C. I can read as much as I want to with moderate pain in my neck.	C. My sleep is mildly disturbed (1-2 hours sleepless).
D. I cannot read as much as I want because of moderate pain in my neck.	D. My sleep is moderately disturbed (2-3 hours sleepless).
E. I cannot read as much as I want because of severe pain in my neck.	E. My sleep is greatly disturbed (3-5 hours sleepless).
F. I cannot read at all.	F. My sleep is completely disturbed (5-7 hours sleepless).
<b>SECTION 5 - Headache</b>	<b>SECTION 10- Recreation</b>
A. I have no headaches at all.	A. I am able to engage in all recreational activities with no pain in my neck.
B. I have slight headaches which come infrequently.	B. I am able to engage in all recreational activities with some pain in my neck.
C. I have moderate headaches which come infrequently.	C. I am able to engage in most, but not all recreational activities because of pain in my neck.
D. I have moderate headaches which come frequently.	D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
E. I have severe headaches which come frequently.	E. I can hardly do any recreational activities because of pain in my neck.
F. I have headaches almost all the time.	F. I cannot do any recreational activities at all.

**SIGNATURE:** \_\_\_\_\_ **RAW SCORE** \_\_\_\_\_ **DISABILITY INDEX SCORE:** \_\_\_\_\_ %