Oswestry Back Disability Index - See other side of form if you are having problems with your NECK.

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday life activities. Please check the box for the one statement in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that most closely describes your present-day situation. Thank you.

Please check one box in each section.

Section 1–Pain Intensity
☐ 0 My pain is mild to moderate. I do not need pain killers.
☐ 1 The pain is bad, but I manage without taking pain killers.
☐ 2 Pain killers give complete relief from pain.
☐ 3 Pain killers give moderate relief from pain.
☐ 4 Pain killers give very little relief from pain.
☐ 5 Pain killers have no effect on the pain.

Section 2–Personal Care (washing, dressing, etc.)
☐ 0 I can look after myself normally without causing extra pain.
☐ 1 I can look after myself normally, but it causes extra pain.
☐ 2 It is painful to look after myself; 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.

Section 3–Lifting
☐ 0 I can lift heavy weights without extra pain.
☐ 1 I can lift heavy weights, but it gives me extra pain.
☐ 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e., on a table.
☐ 3 Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
☐ 4 I can lift only very light weights.
☐ 5 I cannot lift or carry anything at all.

Section 4–Walking
☐ 0 I can walk as far as I wish.
☐ 1 Pain prevents me from walking more than 1 mile.
☐ 2 Pain prevents me from walking more than ½ mile.
☐ 3 Pain prevents me from walking more than ¼ mile.
☐ 4 I can walk only if I use a cane or crutches.
☐ 5 I am in bed or in a chair for most of every day.

Section 5–Sitting
☐ 0 I can sit in any chair for as long as I like.
☐ 1 I can sit in my favorite chair only, but for as long as I like.
☐ 2 Pain prevents me from sitting for more than 1 hour.
☐ 3 Pain prevents me from sitting for more than ½ hour.
☐ 4 Pain prevents me from sitting for more than 10 minutes.
☐ 5 Pain prevents me from sitting at all.

Section 6–Standing
☐ 0 I can stand as long as I want without extra pain.
☐ 1 I can stand as long as I want, but it gives me extra pain.
☐ 2 Pain prevents me from standing for more than 1 hour.
☐ 3 Pain prevents me from standing more than ½ hour.
☐ 4 Pain prevents me from standing more than 10 minutes.
☐ 5 Pain prevents me from standing at all.

Section 7–Sleeping
☐ 0 Pain does not prevent me from sleeping well.
☐ 1 I sleep well but only when taking medication.
☐ 2 Even when I take medication, I sleep less than 6 hours.
☐ 3 Even when I take medication, I sleep less than 4 hours.
☐ 4 Even when I take medication, I sleep less than 2 hours.
☐ 5 Pain prevents me from sleeping at all.

Section 8–Sex Life (If applicable)
☐ 0 My sex life is normal and causes no extra pain.
☐ 1 My sex life is normal but causes some extra pain.
☐ 2 My sex life is nearly normal but is very painful.
☐ 3 My sex life is severely restricted by pain.
☐ 4 My sex life is nearly absent because of pain.
☐ 5 Pain prevents any sex life at all.

Section 9–Social Life
☐ 0 Social life is normal and causes me no extra pain.
☐ 1 Social life is normal, but increases the degree of pain.
☐ 2 Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
☐ 3 Pain has restricted my social life, and I do not go out as often.
☐ 4 Pain has restricted my social life to my home.
☐ 5 I have no social life because of pain.

Section 10–Traveling
☐ 0 I can travel anywhere without extra pain.
☐ 1 I can travel anywhere, but it gives me extra pain.
☐ 2 Pain is bad, but I manage journeys over 2 hours.
☐ 3 Pain restricts me to journeys of less than 1 hour.
☐ 4 Pain restricts me to necessary journeys under ½ hour.
☐ 5 Pain prevents traveling except to the doctor/hospital.

Score: _______ (50) Benchmark -5= _______
Oswestry Neck Disability Index - See other side of form if you are having problems with your BACK.

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities. Please check the box for the one statement in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that most closely describes your present-day situation. Thank you.

Please check one box in each section.

Section 1–Pain Intensity
- 0 I have no pain at the moment.
- 1 The pain is very mild at the moment.
- 2 The pain is moderate at the moment.
- 3 The pain is fairly severe at the moment.
- 4 The pain is very severe at the moment.
- 5 The pain is the worst imaginable at the moment.

Section 2–Personal Care (washing, dressing, etc.)
- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally, but it causes extra pain.
- 2 It is painful to look after myself; 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.

Section 3–Lifting
- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it gives me extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned—for example 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 only very light weights.
- 5 I cannot lift or carry anything at all.

Section 4–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 to with slight pain in my neck.
- 2 I can read as much as I want with moderate neck pain.
- 3 I can't read as much as I want because of moderate neck pain.
- 4 I can hardly read at all because of severe pain in my neck.
- 5 I cannot read at all.

Section 5–Headaches
- 0 I have no headaches at all.
- 1 I have slight headaches that come infrequently.
- 2 I have moderate headaches that come infrequently.
- 3 I have moderate headaches that come frequently.
- 4 I have severe headaches that come frequently.
- 5 I have headaches almost all the time.

Score: ____ (50)  Benchmark -5 = _______

Section 6–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.

Section 7–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 can’t do any work at all.

Section 8–Driving
- 0 I can drive my car without any 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 can’t drive my car as long as I want because of moderate pain in my neck.
- 4 I can hardly drive at all because of severe pain in my neck.
- 5 I can’t drive my car at all.

Section 9–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).

Section 10–Recreation
- 0 I am able to engage in all my recreation activities with no neck pain at all.
- 1 I am able to engage in all my recreation activities, with some pain in my neck.
- 2 I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- 3 I am able to engage in a few of my recreation activities because of pain in my neck.
- 4 I can hardly do any recreation activities because of pain in my neck.
- 5 I can’t do any recreation activities at all.