

in Touch
Physical Therapy

Oswestry Neck Pain Disability Index

Name: _____ Date: _____ P.T. _____ Score _____/50; _____% Disability

This questionnaire has been designed to give your therapist information as to how your neck pain has affected your ability to manage in every day life. Please answer every question by placing a mark in the **one** box that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but **please mark only the box which most closely describes your current condition.** Thank you.

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 a little extra pain.
- 2 ☐ It is painful to look after myself, so 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 my care.
- 5 ☐ I do not get dressed, wash with difficulty and stay in bed.

Section 3 -- Lifting (Groceries, Pets, Backpacks, etc.)

- 0 ☐ I can lift heavy weight without increased pain.
- 1 ☐ I can lift heavy weight, but it causes increased pain.
- 2 ☐ Pain prevents me from lifting heavy weight off the floor, but I can manage if the weights are properly positioned (ex. on a table).
- 3 ☐ Pain prevents me from lifting heavy weight, but I can manage light to medium weight if it is properly positioned.
- 4 ☐ I can lift only very light weight.
- 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 to with moderate pain in my neck.
- 3 ☐ I cannot read as much as I want because of moderate pain in my neck.
- 4 ☐ I cannot read as much as I want because of severe pain in my neck.
- 5 ☐ I cannot read at all.

OVER ➔

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Section 5 -- Headaches:

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

Section 6 -- Concentration:

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

Section 7 -- 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 greatly disturbed (5-7 hours sleepless).

Section 8 -- 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.

Section 9 -- Driving:

- 0 ☐ I can drive my car without any neck pain.
- 1 ☐ I can drive as long as I want with slight pain in my neck.
- 2 ☐ I can drive as long as I want with moderate pain in my neck.
- 3 ☐ I cannot drive 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 cannot drive my car at all.

Section 10 -- Recreation:

- 0 ☐ I am able to engage in all of my recreational activities with no neck pain.
- 1 ☐ I am able to engage in all of my recreational activities with some pain in my neck.
- 2 ☐ I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- 3 ☐ I am able to engage in a few of my 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 at all.