

# Oswestry Neck Disability Questionnaire

Instructions: Please circle the **ONE NUMBER** in each section which most closely describes your problem.

## 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.

## 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 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 need help every day in all aspects of self-care.

## Section 3 – Lifting

- 0 I can lift heavy weights without causing extra pain.
- 1 I can lift heavy weights but it gives extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor.
- 3 Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned on a table.
- 4 Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 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.
- 1 I can read as much as I want to with slight pain.
- 2 I can read as much as I want to with moderate pain.
- 3 I cannot read as much as I want to because of moderate pain in my neck.
- 4 I can hardly read at all because of severe pain.
- 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 which come infrequently.
- 3 I have moderate headaches which come frequently.
- 4 I have severe headaches which come frequently.
- 5 I have a headache almost all the time.

## 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 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 8 – Driving

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

## Section 9 – Sleeping

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

## Section 10 – Recreation

- 0 I am able to engage in my recreation activities with no neck pain.
- 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 activities because of my neck pain.
- 3 I am able to engage in a few of my usual recreation activities because of my neck pain.
- 4 I can hardly do any recreation activities because of pain in my neck.
- 5 I cannot do recreation activities at all.

**TOTAL:** \_\_\_\_\_