

## Modified Oswestry Neck Disability Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire has been designed to give us information as to how your neck problem is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realize that you may consider that two or more statements in any one section apply but please just **choose the one that most clearly 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 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 but it causes extra pain
- 2 It is painful to look after myself if I am slow and careful
- 3 I need some help but can manage most of my personal care
- 4 I need help every day in most aspects of self-care
- 5 I do not get dressed, 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 placed
- 3 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently placed
- 4 I can only lift very light weights
- 5 I cannot lift or carry anything

### Section 4: Reading

- 0 I can read as much as I want to with no neck pain
- 1 I can read as much as I want to with only a slight increase in neck pain
- 2 I can read as much as I want to with a moderate increase in neck pain
- 3 Pain prevents me from reading as much as I want to
- 4 I can hardly read at all because of neck pain
- 5 I cannot read at all because of my neck pain

### Section 5: Headaches

- 0 I have no headaches at all
- 1 I have mild headaches that come infrequently
- 2 I have moderate but infrequent headaches
- 3 I have moderate and frequent headaches
- 4 I have severe and frequent headaches
- 5 I have a headache almost all the time

### Section 6: Concentration

- 0 I can concentrate fully and with no difficulty
- 1 I can concentrate fully but with slight difficulty
- 2 I can concentrate fully but only for short periods of time
- 3 I have a fair degree of difficulty concentrating
- 4 I have a lot of difficulty concentrating
- 5 I cannot concentrate at all.

### Section 7: Sleeping

- 0 My sleep is never disturbed by pain
- 1 My sleep is occasionally disturbed by pain
- 2 Because of pain I have less than 6 hours of sleep
- 3 Because of pain I have less than 4 hours of sleep
- 4 Because of pain I have less than 2 hours of sleep
- 5 I can't sleep at all because of the pain

### 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 with difficulty
- 3 I cannot do my usual work
- 4 I can hardly work
- 5 I cannot work at all

### Section 9: Social Life

- 0 My social life is normal and gives me no extra pain
- 1 My social life is normal but increases my pain
- 2 Pain limits only my more energetic interests, e.g. sport
- 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 pain
- 1 I can travel anywhere but it gives me extra pain
- 2 Pain is bad but I manage trips longer than 2 hours
- 3 Pain restricts me to trips of less than one hour
- 4 Pain restricts me to trips of less than 30 minutes
- 5 Pain prevents me from traveling except to receive treatment

Score: \_\_\_\_\_%