Center for Natural Health

OSWESTRY NECK DISABILITY INDEX QUESTIONNAIRE

Patient's Name	Date
manage in everyday life. Please answer every section and r	ormation as to how your neck pain has affected your ability to mark in each section only ONE box which applies to you. We one section relate to you, but please just mark the box which
Section 1 – Pain Intensity	Section 6 – Concentration
☐ I have no pain at the moment. ☐ The pain is very mild at the moment. ☐ The pain is very moderate at the moment. ☐ The pain is fairly severe at the moment. ☐ The pain is very severe at the moment. ☐ The pain is the worst imaginable at the moment.	 □ I can concentrate fully when I want to with no difficulty. □ I can concentrate fully when I want to with slight difficulty. □ I have a fair degree of difficulty in concentrating when I want to. □ I have a lot of difficulty in concentrating when I want to. □ I have a great deal of difficulty in concentrating when I want to.
Section 2 – Personal Care (Washing, Dressing, etc.)	☐ I cannot concentrate at all.
☐ I can look after myself normally without causing extra pain. ☐ I can look after myself normally but it causes extra pain. ☐ It is painful to look after myself and I am slow and careful. ☐ I need some help but manage most of my personal care. ☐ I need help every day in most aspects of self care. ☐ I do not get dressed, I wash with difficulty and stay in bed.	Section 7 – Work ☐ I can do as much work as I want to. ☐ I can only do my usual work, but no more. ☐ I can do most of my usual work, but no more. ☐ I cannot do my usual work. ☐ I can hardly do any work at all. ☐ I can't do any work at all.
Section 3 – Lifting	·
 ☐ I can lift heavy weights without extra pain. ☐ I can lift heavy weights but it gives extra pain. ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. ☐ I can lift very light weights. ☐ I cannot lift or carry anything at all. 	Section 8 – Driving ☐ I drive my car without any neck pain. ☐ I can drive my car as long as I want with slight neck pain. ☐ I can drive my car as long as I want with moderate neck pain. ☐ I can't drive my car as long as I want because of moderate neck pain. ☐ I can hardly drive my car at all because of severe neck pain. ☐ I cannot drive my car at all.
Section 4 – Reading	Section 9– Sleeping
☐ I can read as much as I want to with no pain in my neck. ☐ I can read as much as I want to with slight pain in my neck. ☐ I can read as much as I want with moderate pain. ☐ I can't read as much as I want because of moderate pain in my neck. ☐ I can hardly read at all because of severe pain in my neck. ☐ I cannot read at all.	 ☐ I have no trouble sleeping. ☐ My sleep is slightly disturbed (less than 1 hr. sleepless). ☐ My sleep is moderately disturbed (1-2 hrs. sleepless). ☐ My sleep is moderately disturbed (2-3 hrs. sleepless). ☐ My sleep is greatly disturbed (3-4 hrs. sleepless). ☐ My sleep is completely disturbed (5-7 hrs sleepless). Section 10 - Recreation
Section 5 – Headaches	
□ I have no headaches at all. □ I have slight headaches which come infrequently. □ I have slight headaches which come frequently. □ I have moderate headaches which come infrequently. □ I have severe headaches which come frequently. □ I have headaches almost all of the time.	 □ I am able to engage in all my recreation activities with no neck pain at all. □ I am able to engage in all my recreation activities, with some pain in my neck. □ I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck. □ I am able to engage in a few of my usual recreation activities because of pain in my neck. □ I can hardly do any recreation activities because of neck pain. □ I cannot do any recreation activities at all.
Comments	