

### NECK PAIN DISABILITY INDEX QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A I have no pain at the moment.          B The pain is very mild at the moment.          C The pain is moderate at the moment.          D The pain is fairly severe at the moment.          E The pain is very severe at the moment.          F The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty.          B I can concentrate fully when I want to with slight difficulty.          C I have a fair degree of difficulty in concentrating when I want to.          D I have a lot of difficulty in concentrating when I want to.          E I have a great deal of difficulty in concentrating when I want to.          F I cannot concentrate at all.</p>
<p><i>SECTION 2 - Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain.          B I can look after myself normally, but it causes extra pain.          C It is painful to look after myself and I am slow and careful.          D I need some help, but manage most of my personal care.          E I need help every day in most aspects of self care.          F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><i>SECTION 7 - Work</i></p> <p>A I can do as much work as I want to.          B I can only do my usual work, but no more.          C I can do most of my usual work, but no more.          D I cannot do my usual work.          E I can hardly do any work at all.          F I cannot do any work at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain.          B I can lift heavy weights, but it gives extra pain.          C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.          D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E I can lift very light weights.          F I cannot lift or carry anything at all.</p>	<p><i>SECTION 8 - Driving</i></p> <p>A I can drive my car without any neck pain.          B I can drive my car as long as I want with slight pain in my neck.          C I can drive my car as long as I want with moderate pain in my neck.          D I cannot drive my car as long as I want because of moderate pain in my neck.          E I can hardly drive at all because of severe pain in my neck.          F I cannot drive my car at all.</p>
<p><i>SECTION 4 - Reading</i></p> <p>A I can read as much as I want to with no pain in my neck.          B I can read as much as I want to with slight pain in my neck.          C I can read as much as I want to with moderate pain in my neck.          D I cannot read as much as I want because of moderate pain in my neck.          E I cannot read as much as I want because of severe pain in my neck.          F I cannot read at all.</p>	<p><i>SECTION 9 - Sleeping</i></p> <p>A I have no trouble sleeping.          B My sleep is slightly disturbed (less than 1 hour sleepless).          C My sleep is mildly disturbed (1-2 hours sleepless).          D My sleep is moderately disturbed (2-3 hours sleepless).          E My sleep is greatly disturbed (3-5 hours sleepless).          F My sleep is completely disturbed (5-7 hours)</p>
<p><i>SECTION 5 - Headaches</i></p> <p>A I have no headaches at all.          B I have slight headaches which come infrequently.          C I have moderate headaches which come infrequently.          D I have moderate headaches which come frequently.          E I have severe headaches which come frequently.          F I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all.          B I am able to engage in all of my recreational activities with some pain in my neck.          C I am able to engage in most, but not all of my recreational activities because of pain in my neck.          D I am able to engage in a few of my recreational activities because of pain in my neck.          E I can hardly do any recreational activities because of pain in my neck.          F I cannot do any recreational activities at all.</p>

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

NECK PAIN DISABILITY INDEX QUESTIONNAIRE PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage

your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY SECTION I

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*Pain DESCRIBES Intensity*

*YOUR PROBLEM RIGHT NOW.*

A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.

SECTION: 1 - Personal Care (Washing, Dressing, etc.)

A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.

*SECTION 3*

*SECTION 6 - Concentration*

A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I cannot concentrate at all when I want to. F I cannot concentrate at all when I want to.

great concentrate - Work

deal of at difficulty all.

in concentrating when I want to.

A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.

*Lifting*

*SECTION 8 - Driving*

A I can lift heavy weights without extra pain.

A I can drive my car without any neck pain. B I can

lift heavy weights, but it gives extra pain.

B I can drive my car as long as I want with slight pain

in my neck. C Pain prevents me from lifting heavy weights off the floor, but I

can table.

manage if they are conveniently positioned, for example, on a

table in my neck.

D I can drive my car as long as I want with moderate pain in my

D I cannot drive my car as long as I want because of

moderate pain. E Pain prevents me from lifting heavy weights, but I can manage

in my neck. F I can lift very light weights if they are

conveniently positioned.

E I can hardly drive at all because of severe pain in my

neck. F I can lift very light weights.

F I cannot drive my car at all. SECTION I cannot 4

lift -

*Reading*

or carry anything~ at all.

*SECTION 9 - Sleeping*

A I can read as much as I want to with no pain in my neck.

want to with slight pain in my neck.

sleepless). e I can read as much as I want to with moderate pain in my neck.

I neck.

cannot read as much as I want because of moderate pain in my

D My sleep is moderately disturbed (2-3hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). E neck.

J cannot read as much as I want because of severe pain in my

F My sleep is completely disturbed (5-7 hours)

F SECTION I cannot 5

read -

*Headaches*

at all.

*SECTION 10-Recreation*

A I have no headaches at all.

A I am able to engage in all of my recreational activities with no neck

infrequently.

activities with some e I have moderate headaches which come infrequently.

which come frequently.

e I am able to engage in most, but not all of my

recreational F E I I have have headaches severe headaches almost which all the come time.

frequently.

activities because of pain in my neck. D I am able to engage in a few of my recreational activities because

of pain in my neck. E I neck.

can hardly do any recreational activities because of pain in my

A I have no trouble sleeping. B J can read as much as I

B My sleep is slightly disturbed (less than 1 hour

e My sleep is mildly disturbed (1-2 hours sleepless). D

pain at all. B I have slight headaches which come

B I am able to engage in all of my recreational

pain in my neck. D I have moderate headaches

e I am able to engage in most, but not all of my

F I cannot do any recreational activities at all.

COMMENTS:

NAME: DATE: SCORE:

**REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE**

*PLEASE READ:* This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but *PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A The pain comes and goes and is very mild.            B The pain is mild and does not vary much.            C The pain comes and goes and is moderate.            D The pain is moderate and does not vary much.            E The pain comes and goes and is severe.            F The pain is severe and does not vary much.</p>	<p><i>SECTION 6 - Standing</i></p> <p>A I can stand as long as I want without pain.            B I have some pain while standing, but it does not increase with time.            C I cannot stand for longer than one hour without increasing pain.            D I cannot stand for longer than 1/2 hour without increasing pain.            E I cannot stand for longer than ten minute without increasing pain.            F I avoid standing, because it increases the pain straight away.</p>
<p><i>SECTION 2 - Personal Care</i></p> <p>A I would not have to change my way of washing or dressing in order to avoid pain.            B I do not normally change my way of washing or dressing even though it causes some pain.            C Washing and dressing increases the pain, but I manage not to change my way of doing it.            D Washing and dressing increases the pain and I find it necessary to change my way of doing it.            E Because of the pain, I am unable to do some washing and dressing without help.            F Because of the pain, I am unable to do any washing or dressing without help.</p>	<p><i>SECTION 7 - Sleeping</i></p> <p>A I get no pain in bed.            B I get pain in bed, but it does not prevent me from sleeping well.            C Because of pain, my normal night's sleep is reduced by less than one than one quarter.            D Because of pain, my normal night's sleep is reduced by less than one-half.            E Because of pain, my normal night's sleep is reduced by less than three-quarters.            F Pain prevents me from sleeping at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain.            B I can lift heavy weights, but it causes extra pain.            C Pain prevents me from lifting heavy weights off the floor.            D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, eg. on a table.            E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.            F I can only lift very light weights, at the most.</p>	<p><i>SECTION 8 - Social Life</i></p> <p>A My social life is normal and gives me no pain.            B My social life is normal, but increases the degree of my pain.            C Pain has no significant effect on my social life apart from limiting my more energetic interests, My e.g., dancing, etc.            D Pain has restricted my social life and I do not go out very often.            E Pain has restricted my social life to my home.            F I have hardly any social life because of the pain.</p>
<p><i>SECTION 4 - Walking</i></p> <p>A Pain does not prevent me from walking any distance.            B Pain prevents me from walking more than one mile.            C Pain prevents me from walking more than 1/2 mile.            D Pain prevents me from walking more than 1/4 mile.            E I can only walk while using a cane or on crutches.            F I am in bed most of the time and have to crawl to the toilet.</p>	<p><i>SECTION 9 - Traveling</i></p> <p>A I get no pain while traveling.            B I get some pain while traveling, but none of my usual forms of travel make it any worse.            C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.            D I get extra pain while traveling which compels me to seek alternative forms of travel.            E Pain restricts all forms of travel.            F Pain restricts all forms of travel except that done lying down.</p>
<p><i>SECTION 5 - Sitting</i></p> <p>A I can sit in any chair as long as I like without pain.            B I can only sit in my favorite chair as long as I like.            C Pain prevents me from sitting more than one hour.            D Pain prevents me from sitting more than 1/2 hour.            E Pain prevents me from sitting more than ten minutes.            F Pain prevents me from sitting at all.</p>	<p><i>SECTION 10 - Changing Degree of Pain</i></p> <p>A My pain is rapidly getting better.            B My pain fluctuates, but overall is definitely getting better.            C My pain seems to be getting better, but improvement is slow at present.            D My pain is neither getting better nor worse.            E My pain is gradually worsening.            F My pain is rapidly worsening.</p>

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

Fairbank J, Davies J, et al. The Oswestry Low Back Pain Disability Questionnaire. *Physiother* 1980; 66(18): 271-273.

REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE PLEASE READ:

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1

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Pain Intensity

A The pain comes and goes and is very mild. B The pain is mild and does not vary much. C The pain comes and goes and is moderate. D The pain is moderate and does not vary much. E The pain comes and goes and is severe. F The pain is severe and does not vary much. SECTION 2

SECTION 6

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Stalling A I can stand as long as I want without pain. B I have some pain while standing, but it does not increase with time. I cannot stand for longer than one hour without increasing pain. C I cannot stand for longer than 1/2 hour without increasing pain. D I cannot stand for longer than ten minutes without increasing pain. E I avoid standing, because it increases the pain straight away. -

Personal Care

SECTION 7- Sleeping A I would not have to change my way of washing or dressing in order to avoid pain.

A I get no pain in bed. B [do not normally change my way of washing or dressing even

B I get pain in bed, but it does not prevent me from sleeping well. though it causes some pain.

C Because of pain, my normal night's sleep is reduced by less than one-quarter. D

Washing and dressing increases the pain and I find it necessary to change my way of doing it.

D Because of pain, my normal night's sleep is reduced by less than one-half. E Because of the pain, I am unable to do some washing and dressing

by less than one-half. E Because of the pain, I am unable to do some washing and dressing three-quarters. without help.

F Pain prevents me from sleeping at all. F Because of the pain, I am unable to do any washing or dressing

without help. SECTION 3 - Lifting

SECTION 8 - Social Life A I can lift heavy weights without extra pain. B [can lift heavy weights, but it causes extra pain.

A My social life is normal and gives me no pain. C

Pain prevents me from lifting heavy weights off the floor.

B My social life is normal, but increases the degree of my pain. D Pain prevents me from lifting heavy weights off the floor, but I

e Pain has no significant effect on my social life apart from limiting can manage if they are conveniently positioned, eg on a table.

my more energetic interests, My e.g., dancing, etc. E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.

o Pain has restricted my social life and I do not go out very often. E Pain has restricted my social life to my home. F SECTION J I can only -

*lift walking*

very light weights, at the most.

F SECTION I have hardly 9

-

*Travel*

any social life because of the pain.

prevent me from walking any distance.

A I get no pain while traveling. r\ Pain does not

my usual forms of B Pain prevents me from walking more than one mile.

B I get some pain while traveling, but none of

travel make it any worse. e Pain prevents me from walking more than 1/2 mile. D Pain prevents me from walking more than 1/4 mile.

e I alternative get extra pain forms while of travel.

traveling. but it does not compel me to seek

F E I am can in only bed walk most while of the using time a and cane have or on to crawl crutches.

to the toilet.

o I alternative get extra pain forms while of travel.

traveling which compels me to seek

E Pain restricts all forms of travel.

SECTION 5

-

*Sitting*

F Pain prevents all forms of travel except that done lying down. SECTION J0

A I can sit in any chair as long as I like without pain. e B I can only sit in my favorite chair as long as I like.

Pain prevents me from sitting more than one hour. D Pain prevents me from sitting more than 1/2 hour. E Pain prevents me from sitting more than ten minutes. F Pain prevents me from sitting at all.

COMMENTS:

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Change in Degree of Pain" A My pain is rapidly getting better. B My pain fluctuates, but overall is definitely

getting better. e My pain seems to be getting better, but improvement is slow at

present. o My pain is neither getting better nor worse. E My pain is gradually worsening. F My pain is rapidly worsening!

NAME: DATE: SCORE:

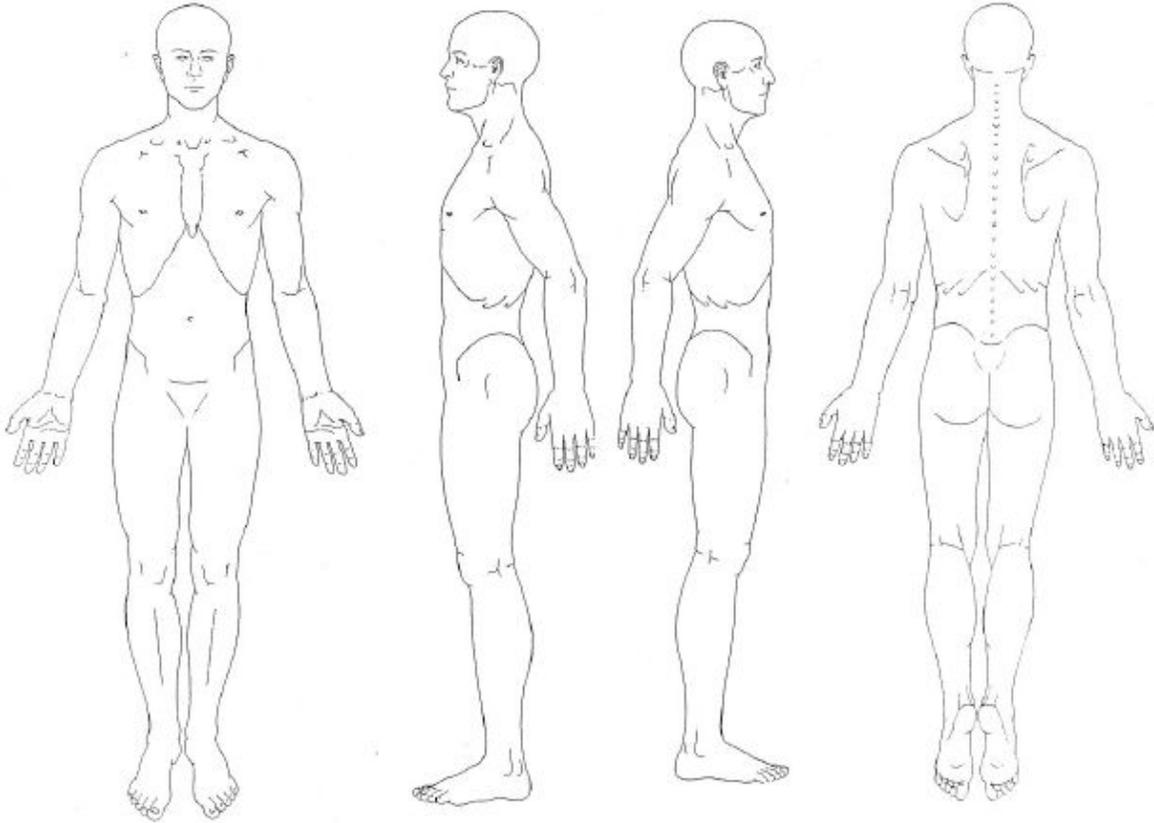
271-273. Fairbank J, Davies J. et al. The Oswestry Low Back Pain Disability Questionnaire. Physiother 1980;66(18):

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PATIENT HISTORY

2

PAIN LOCATION



Please mark off the areas of your complaint on the diagram above.  
Please use the following symbols on the pain diagram to accurately describe your condition.

- PPP Where you experience Pain
- NNN Where you experience Numbness
- TTT Where you experience Tingling
- BBB Where you experience Burning
- CCC Where you experience Cramping

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PATIENT mSTORY

## PAIN LOCATION

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J-

2

Please mark off the areas of your complaint on the diagram above.  
Please use the following symbols on the pain diagram to accurately describe your condition.

PPP NNN TTT BBB CCC.

PATIENT SIGNATURE

Where you experience Pain Where you experience Numbness  
Where you experience Tingling Where you experience Burning  
Where you experience Cramping

DATE