

# NECK

# Oswestry Neck Disability Index

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities. Please check the box for *the one statement* in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that *most closely* describes your present-day situation. Thank you

#### Patient name

Please check one box in each section.

#### 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 extra pain.
- 2. It is painful to look after myself; I am slow and careful.
- 3. I need some help but manage most of my person care.
- 4. I need help every day in most aspects of self-care..
- 5. I do not get dressed; I 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 extra pain.
- 2. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- 3. Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 4. I can only lift very light weights at most.
- 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 with moderate neck pain.
- 3. I can't read as much as I want because of moderate neck pain.
- 4. I can hardly read at all because of severe pain in my neck..
- 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 that come infrequently.
- 3. I have moderate headaches that come frequently.
- 4. I have severe headaches that come frequently.
- 5. I have headaches almost all the time.

# Score:\_\_\_\_\_(50) Benchmark -5 = \_\_\_

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Date

#### 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 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 can't do any work at all.

# Section 8 – Driving

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

# Section 9 - 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 completely disturbed (5-7 hours sleepless).

## Section 10 – Recreation

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