

Neck Disability Index

Patient Name: _____

Date: _____

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage every day 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 closely describes your problem *right now***.

SECTION 1 – Pain Intensity

- A I have no pain at the moment.
- B The pain is mild at the moment.
- C The pain comes and goes and is moderate.
- D The pain is moderate and does not vary much.
- E The pain is severe and comes and goes.
- F The pain is severe and does not vary much.

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 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 concentrating when I want to.
- F I cannot concentrate at all.

SECTION 2 – Personal Care (Washing, Dressing etc.)

- A I can look after myself without causing extra pain.
- B I can look after myself normally but it causes 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 7 – Work

- 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.

SECTION 3 - Lifting

- 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 but I can 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.

SECTION 8 – Driving

- A I can drive my car without 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 my car at all because of severe pain in my neck.
- F I cannot drive my car at all.

SECTION 4 - Reading

- 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 only slight pain in my neck.
- C I can read as much as I want 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.

SECTION 9 – Sleeping

- 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 sleepless).

SECTION 5 – Headache

- 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.

SECTION 10 – Recreation

- A I am able to engage in all recreational activities with no pain my neck at all.
- B I am able to engage in all recreational activities with some pain my neck.
- C I am able to engage in most, but not all recreational activities because of pain in my neck.
- D I am able to engage in a few of my usual 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.

Comments:

Revised Oswestry Low Back Pain Questionnaire

Patient Name: _____

Date: _____

Please Read: This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage every day life. 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 closely describes your problem *right now***.

SECTION 1 – 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 6 – Standing

- 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 1 hour without increasing pain.
- D I cannot stand for longer than ½ hour without increasing pain.
- E I cannot stand for longer than 10 minutes without increasing pain.
- F Pain prevents me from standing at all.

SECTION 2 – Personal Care (Washing, Dressing etc.)

- 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 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.

SECTION 7 – Sleeping

- 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-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.

SECTION 3 - Lifting

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights but it gives me 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.

SECTION 8 – Traveling

- 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 I'm 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 prevents all forms of travel except that done lying down.

SECTION 4 - Walking

- A Pain does not prevent me from walking any distance.
- B Pain prevents me from walking more than 1 mile.
- C Pain prevents me from walking more than ½ mile.
- D Pain prevents me from walking more than ¼ mile.
- E I can only walk using a stick and crutches.
- F I am in bed most of the time and have to crawl to the toilet.

SECTION 9 – Social Life

- 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 eg. 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.

SECTION 5 – Sitting

- 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 1 hour.
- D Pain prevents me from sitting more than ½ hour.
- E Pain prevents me from sitting more than 10 minutes.
- F Pain prevents me from sitting at all.

SECTION 10 – Changing Degree of Pain

- 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.