

OSWESTRY INDEX QUESTIONNAIRE

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday-life activities. Please mark in each section the **one box** 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.

SECTION 1 - PAIN INTENSITY

My pain is mild to moderate. I do not need pain killers.

The pain is bad, but I manage without taking pain killers.

Pain killers give me complete relief from pain.

Pain killers give me moderate relief from pain.

Pain killers give very little relief fron pain.

Pain killers have no effect on the pain.

SECTION 2 - PERSONAL CARE

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'm 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 don't get dressed. I wash with difficulty and stay in bed.

SECTION 3-LIFTING

I can lift heavy weights without causing extra pain.

I can lift heavy weights, but it gives me extra pain.

Pain prevents me from lifting heavy weights of the floor, but I can manage if items are conveniently positioned.

Pain prevents me from lifting heavy weights of the floor, but I can manage light weights if items are conveniently positioned.

I can lift only very light weights.

I cannot lift or carry anything at all.

SECTION 4-WALKING

I can walk as far as I wish.

Pain prevents me from walking more than 1 mile.

Pain prevents me from walking more than 1/2 mile.

Pain prevents me from walking more than 1/4 mile.

I can walk only if I use a cane or crutches.

I am in bed or in a chair for most of every day.

SECTION 5 - SITTING

I can sit in any chair for as long as I like.

I can sit in my favorite chair only, but for as long as I like.

Pain prevents me from sitting for more than 1 hour.

Pain prevents me from sitting for more than 1/2 hour.

Pain prevents me from sitting for more than 10 minutes.

Pain prevents me from sitting at all.

SECTION 6 - STANDING

I can stand as long as I want without extra pain.

I can stand as long as I want, but it gives me extra pain.

Pain prevents me from standing for more than 1 hour.

Pain prevents me from standing for more than 1/2 hour.

Pain prevents me from standing for more than 10 minutes.

Pain prevents me from standing at all.

SECTION 7 - SLEEPING

I have no trouble sleeping.

My sleep is slightly disturbed for less than 1 hour.

My sleep is mildly disturbed for up to 1-2 hours.

My sleep is moderately disturbed for up to 2-3 hours.

My sleep is greatly disturbed for up to 3-5 hours.

My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 - SOCIAL LIFE

Social life is normal and causes me no extra pain.

Social life is normal, but increases the degree of pain.

Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.

Pain has restricted my social life, and I do not go out as often.

Pain has restricted my social life to my home.

I have no social life because of pain.

SECTION 9 - SEXUAL ACTIVITY

Sexual activity is normal and causes no extra pain.

Sexual activity is normal, but causes some extra pain.

Sexual activity is nearly normal, but is very painful.

Sexual activity is severely restricted by pain.

Sexual activity is nearly absent because of pain.

Pain prevents any sexual activity at all.

SECTION 10 - TRAVELING

I can travel anywhere without extra pain.

I can travel anywhere, but it gives me extra pain.

Pain is bad, but I manage journeys over 2 hours.

Pain restricts me to journeys of less than 1 hour.

Pain restricts me to necessary journeys under 1/2 hour.

Pain prevents traveling except to doctor/hospital.

Additional Comments:

Patient Name: (please print)	Patient Signature:		
Examiner:	Date:	Score:	[50]