CREEKSIDE CHIROPRACTIC

OSWESTRY DISABILITY INDEX FOR NECK PAIN

Name: _____ Date: _____

This questionnaire has been designed to give your doctor information as to how your neck pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the **one** box that best describes your condition today. We realize you may feel two of the statements may describe your condition, but **please mark only the box which most closely describes your current condition**.

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

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 a little extra pain

2 ◯ It is painful to look after myself, and I am slow and careful

3 ◯ I need some help, but manage most of my personal care

4 ◯ I need help every day in most aspects of my care

5 ◯ I do not get dressed, wash with difficulty and stay in bed

Lifting

0 ◯ I can lift heavy weights without increased pain

1 ◯ I can lift heavy weights, but it causes increased pain

2 ◯ Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (ex. on a table)

3 ◯ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned

4 ◯ I can lift only very light weights

5 ◯ I cannot lift or carry anything at all

Reading

0 ◯ I can read as much as I want with no pain in my neck

1 ◯ I can read as much as I want with slight pain in my neck

2 ◯ I can read as much as I want to with moderate pain in my neck

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

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

Driving

0 ◯ I can drive my car without any neck pain

1 ◯ I can drive as long as I want with slight pain in my neck

2 ◯ I can drive as long as I want with moderate pain in my neck

3 ◯ I cannot drive 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 cannot drive my car at all

Recreation

0 ◯ I am able to engage in all of my recreational activities with no neck pain

1 ◯ I am able to engage in all of my recreational activities with some pain in my neck

2 ◯ I am able to engage in most, but not all, of my recreational activities because of pain in my neck

3 ◯ I am able to engage in a few of my recreational activities because of pain in my neck

4 ◯ I can hardly do any recreational activities because of pain in my neck

5 ◯ I cannot do any recreational activities at all

Work

0 ◯ I can do as much work 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 cannot do any work at all

Headaches

0 ◯ I have no headache at all

1 ◯ I have slight headaches which come infrequently

2 ◯ I have moderate headaches which come infrequently

3 ◯ I have moderate headaches which come frequently

4 ◯ I have severe headaches which come frequently

5 ◯ I have headaches all the time

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 greatly disturbed (5-7 hours sleepless)

Signature: _____

 PATIENT'S SCORE   x 100 = _____ %DISABILITY
SECTIONS COMPLETED x 5