

Patient Name: _____

Pt#: _____

Date: _____

Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box that applies to you. We realise you may consider the two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

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

Pain Severity Scale: Rate the severity of your pain by circling one number on the following scale:

0 1 2 3 4 5 6 7 8 9 10

No pain Excruciating Pain

Office Use Only: Score: _____

Patient Signature: _____

Patient Name: _____

Pt#: _____

Date: _____

Oswestry Low Back Pain Disability Questionnaire

Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

<p>SECTION 1: Pain Intensity</p> <p><input type="radio"/> I have no pain at the moment.</p> <p><input type="radio"/> The pain is very mild at the moment.</p> <p><input type="radio"/> The pain is moderate at the moment.</p> <p><input type="radio"/> The pain is fairly severe at the moment.</p> <p><input type="radio"/> The pain is very severe at the moment.</p> <p><input type="radio"/> The pain is the worst imaginable at the moment.</p>	<p>SECTION 6: Standing</p> <p><input type="radio"/> I can stand as long as I want without extra pain.</p> <p><input type="radio"/> I can stand as long as I want but it gives me extra pain.</p> <p><input type="radio"/> Pain prevents me from standing more than 1 hour.</p> <p><input type="radio"/> Pain prevents me from standing for more than 30 minutes.</p> <p><input type="radio"/> Pain prevents me from standing for more than 10 minutes.</p> <p><input type="radio"/> Pain prevents me from standing at all.</p>
<p>SECTION 2: Personal Care (e.g. washing, dressing)</p> <p><input type="radio"/> I can look after myself normally without causing extra pain.</p> <p><input type="radio"/> I can look after myself normally but it causes extra pain.</p> <p><input type="radio"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="radio"/> I need some help but can manage most of my personal care.</p> <p><input type="radio"/> I need help every day in most aspects of self-care.</p> <p><input type="radio"/> I do not get dressed, wash with difficulty and stay in bed.</p>	<p>SECTION 7: Sleeping</p> <p><input type="radio"/> My sleep is never disturbed by pain.</p> <p><input type="radio"/> Because of pain I have less than 6 hours sleep.</p> <p><input type="radio"/> Because of pain I have less than 4 hours sleep.</p> <p><input type="radio"/> Because of pain I have less than 2 hours sleep.</p> <p><input type="radio"/> Pain prevents me from sleeping at all.</p> <p><input type="radio"/> My sleep is occasionally disturbed by pain.</p>
<p>SECTION 3: Lifting</p> <p><input type="radio"/> I can lift heavy weights without extra pain.</p> <p><input type="radio"/> I can lift heavy weights, but it gives me extra pain.</p> <p><input type="radio"/> Pain prevents me from lifting heavy weights off the floor I can manage if they are conveniently placed (e.g., on a table.)</p> <p><input type="radio"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="radio"/> I can only lift very light weights.</p> <p><input type="radio"/> I cannot lift or carry anything.</p>	<p>SECTION 8: Sex Life (if applicable)</p> <p><input type="radio"/> My sex life is normal and causes no extra pain.</p> <p><input type="radio"/> My sex life is normal but causes some extra pain.</p> <p><input type="radio"/> My sex life is nearly normal but is very painful.</p> <p><input type="radio"/> My sex life is severely restricted by pain.</p> <p><input type="radio"/> My sex life is nearly absent because of pain.</p> <p><input type="radio"/> Pain prevents any sex life at all.</p>
<p>SECTION 4: Walking</p> <p><input type="radio"/> Pain does not prevent me walking any distance.</p> <p><input type="radio"/> Pain prevents me from walking more than 1 mile.</p> <p><input type="radio"/> Pain prevents me from walking more than 1/2 mile.</p> <p><input type="radio"/> Pain prevents me from walking more than 100 yards.</p> <p><input type="radio"/> I can only walk using a stick or crutches.</p> <p><input type="radio"/> I am in bed most of the time.</p>	<p>SECTION 9: Social Life</p> <p><input type="radio"/> My social life is normal and gives me no extra pain.</p> <p><input type="radio"/> My social life is normal but increases the degree of pain.</p> <p><input type="radio"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport.</p> <p><input type="radio"/> Pain has restricted my social life and I do not go out as often.</p> <p><input type="radio"/> Pain has restricted my social life to my home.</p> <p><input type="radio"/> I have no social life because of pain.</p>
<p>SECTION 5: Sitting</p> <p><input type="radio"/> I can sit in any chair as long as I like.</p> <p><input type="radio"/> I can only sit in my favorite chair as long as I like.</p> <p><input type="radio"/> Pain prevents me sitting more than 1 hour.</p> <p><input type="radio"/> Pain prevents me from sitting more than 30 minutes.</p> <p><input type="radio"/> Pain prevents me from sitting more than 10 minutes.</p> <p><input type="radio"/> Pain prevents me from sitting at all.</p>	<p>SECTION 10: Traveling</p> <p><input type="radio"/> I can travel anywhere without pain.</p> <p><input type="radio"/> I can travel anywhere but it gives me extra pain.</p> <p><input type="radio"/> Pain is bad but I manage journeys over 2 hours.</p> <p><input type="radio"/> Pain restricts me to journeys of less than 1 hour.</p> <p><input type="radio"/> Pain restricts me to short necessary journeys under 30 minutes.</p> <p><input type="radio"/> Pain prevents me from traveling except to receive treatment.</p>

Pain Severity Scale: Rate the severity of your pain by circling one number on the following scale:

0 1 2 3 4 5 6 7 8 9 10

No pain Excruciating Pain

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Score: _____

Patient Signature: _____