

The Oswestry Neck Disability Index (Confidential)

Patient Name: _____

Date: _____

Please check only ONE statement in each section that describes how you're feeling **TODAY**

<p>Section 1 – Pain Intensity</p> <input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> Pain is very mild at the moment. <input type="checkbox"/> Pain is moderate at the moment. <input type="checkbox"/> Pain is fairly severe at the moment. <input type="checkbox"/> Pain is very severe at the moment. <input type="checkbox"/> Pain is the worst imaginable at the moment.	<p>Section 6 – Concentration</p> <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating. <input type="checkbox"/> I cannot concentrate at all.
<p>Section 2 – Personal Care (Washing, Dressing, etc)</p> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self care. <input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.	<p>Section 7 – Work</p> <input type="checkbox"/> I can work as much as I want to. <input type="checkbox"/> I can only do my usual work but no more. <input type="checkbox"/> I can do most of my usual work but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all.
<p>Section 3 – Lifting</p> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <input type="checkbox"/> I can lift heavy weight items if conveniently positioned. <input type="checkbox"/> I can lift light/medium weights if conveniently positioned. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all.	<p>Section 8 – Driving</p> <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as desired with light neck pain. <input type="checkbox"/> I can drive my car as desired with moderate neck pain. <input type="checkbox"/> I cannot drive my car much because of moderate neck pain. <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. <input type="checkbox"/> I can't drive my car at all.
<p>Section 4 – Reading</p> <input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can just read as much as I want with moderate neck pain. <input type="checkbox"/> I cannot read as much because of moderate neck pain. <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. <input type="checkbox"/> I cannot read at all.	<p>Section 9 - Sleeping</p> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is mildly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).
<p>Section 5 – Headaches</p> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time.	<p>Section 10 - Recreation</p> <input type="checkbox"/> I can engage in all my recreational activities with no neck pain at all. <input type="checkbox"/> I can do all recreation activities with some neck pain. <input type="checkbox"/> I can do most, not all recreational activities with some neck pain. <input type="checkbox"/> I can do some recreational activities with neck pain. <input type="checkbox"/> I can hardly do recreational activities because of neck pain. <input type="checkbox"/> I cannot do recreational activities at all.
<p>Section 11 - Rate your overall pain: 0 1 2 3 4 5 6 7 8 9 10 No pain mild discomfort distressing horrible excruciating</p>	