

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

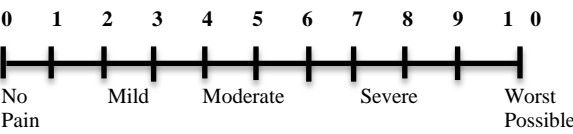
**PDR OSWESTRY NECK PAIN QUESTIONNAIRE**

**PLEASE READ:** This questionnaire has been designed to enable us to understand how your low back pain has affected your ability to manage everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize you may feel that more than one statement may relate to you, but **PLEASE CIRCLE ONLY ONE CHOICE WHICH MOST CLOSLEY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><b>Section 1 – Pain Intensity</b></p> <p>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 moderate and does not vary much.          E. The pain is severe, but comes and goes.          F. The pain is severe and does not vary much.</p>	<p><b>Section 6 – Concentration</b></p> <p>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 in 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 in concentrating when I want to.          F. I cannot concentrate at all.</p>
<p><b>Section 2 – Personal Care</b></p> <p>A. I can look after myself without causing extra pain.          B. I can look after myself normally, but it causes extra 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 undressed, I wash with difficulty and stay in bed.</p>	<p><b>Section 7 – Work</b></p> <p>A. I can do as much work as I want to.          B. I can 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.</p>
<p><b>Section 3 – Lifting</b></p> <p>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 manage if they are conveniently positioned (e.g 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 only very light weights.          F. I cannot lift or carry anything at all.</p>	<p><b>Section 8 -- Driving</b></p> <p>A. I can drive my car without any 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 at all because of severe pain in my neck.          F. I cannot drive my car at all.</p>
<p><b>Section 4 – Reading</b></p> <p>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 slight pain in my neck.          C. I can read as much as I want to with moderate pain in my neck.          D. I cannot read as much as I want to because of moderate pain in my neck.          E. I cannot read as much as I want to because of severe pain in my neck          F. I cannot read at all.</p>	<p><b>Section 9 – Sleeping</b></p> <p>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).</p>
<p><b>Section 5 – Headache</b></p> <p>A. I have no headaches at all.          B. I have slight headaches that come infrequently.          C. I have moderate headaches that come infrequently.          D. I have moderate headaches that come frequently.          E. I have severe headaches that come frequently.          F. I have headaches almost all the time.</p>	<p><b>Section 10 – Recreation</b></p> <p>A. I am able to engage in all my recreational activities, with no neck pain at all.          B. I am able to engage in all of my recreational activities, with some pain in my neck.          C. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.          D. I am able to engage in only 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.</p>

**Section 11 – Numeric Rating Scale (NRS)**

Try and assign a number from 0 to 10 to your current pain level. If you have no pain, use a “0”.  
 As “10” means the pain is as bad as it can be. Circle your level of pain;



OSW- SCORE: \_\_\_\_\_%

P-SCORE: \_\_\_\_\_