

# Oswestry Pain Questionnaire – Neck

## Metropolitan Neurosurgery

Name \_\_\_\_\_

Date \_\_\_\_\_

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. **Please answer every section and select only one box which applies to you.** We realize you may consider two statements in any one section, **but please mark the box which most closely describes your problem right now.**

### Section 1 — Pain Intensity (select only one)

- I have no pain at the moment.(0)
- The pain is very mild at the moment. (1)
- The pain is moderate at the moment. (2)
- The pain is fairly severe at the moment. (3)
- The pain is very severe at the moment. (4)
- The pain is the worst imaginable at the moment. (5)

### Section 2 — Personal Care (washing, dressing, etc)

- I can look after myself normally with no extra pain. (0)
- I can look after myself normally but it is very painful. (1)
- It is painful to look after myself; I am slow and careful. (2)
- I need some help but manage most of my personal care (3)
- I need help every day in most aspects of my care. (4)
- I don't get dressed, I wash with difficulty and stay in bed. (5)

### Section 3 — Lifting (select only one)

- I can lift heavy weights without extra pain. (0)
- I can lift heavy weights but it gives me additional pain. (1)
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, i.e. on a table. (2)
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.(3)
- I can only lift very light weights. (4)
- I cannot lift or carry anything at all. (5)

### Section 4 — Walking (select only one)

- Pain does not prevent me walking any distance. (0)
- Pain prevents me from walking more than 1 mile. (1)
- Pain prevents me from walking more than 1/4 mile. (2)
- Pain prevents me from walking more than 100 yards. (3)
- I can only walk using a cane or crutches. (4)
- I am in bed most of the time. (5)

### Section 5 — Sitting (select only one)

- I can sit in any chair as long as I like. (0)
- I can only sit in my favorite chair as long as I like. (1)
- Pain prevents me from sitting more than 1 hour. (2)
- Pain prevents me from sitting more than 1/2 hour. (3)
- Pain prevents me from sitting more than 10 minutes. (4)
- Pain prevents me from sitting at all. (5)

### Section 6 — Standing (select only one)

- I can stand as long as I want without extra pain. (0)
- I can stand as long as I want but it gives me extra pain. (1)
- Pain prevents me from standing for more than 1 hour. (2)
- Pain prevents me from standing for more than 1/2 hour.(3)
- Pain prevents me from standing for more than 10 min. (4)
- Pain prevents me from standing at all. (5)

### Section 7 — Work (select only one)

- I can do as much work as I want to. (0)
- I can do my usual work, but no more. (1)
- I can do most of my usual work, but no more. (2)
- I cannot do my usual work. (3)
- I can hardly do any work at all. (4)
- I cannot do any work at all. (5)

### Section 8 — Driving (select only one)

- I can drive without any neck pain. (0)
- I can drive as long as I want with slight neck pain. (1)
- I can drive as long as I want with moderate neck pain. (2)
- I cannot drive as long as I want because of moderate neck pain. (3)
- I can hardly drive because of severe pain in my neck. (4)
- I cannot drive at all. (5)

### Section 9 — Sleeping (select only one)

- Pain does not prevent me from sleeping well. (0)
- I can sleep well only by using medication. (1)
- Even when I take meds I have less than 6 hrs of sleep. (2)
- Even when I take meds I have less than 4 hrs of sleep. (3)
- Even when I take meds I have less than 2 hrs of sleep. (4)
- Pain prevents me from sleeping at all. (5)

### Section 10 — Recreation (select only one)

- I am able to engage in all my recreational activities. (0)
- I am able to engage in all of my recreational activities, with some pain in my neck. (1)
- I am able to engage in most, but not all of my usual recreational activities because of pain in my neck. (2)
- I am able to engage in only a few of my usual recreational activities because of pain in my neck. (3)
- I can hardly do any recreational activities because of pain. (4)

### To be completed by office:

Patient #: \_\_\_\_\_

Appointment Type: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

### Scoring:

10/10 answered: Total score/50 X 100= total percent  
Example: Score total is 14 divided by 50= .28 or 28%

9/10 answered: Total score/45 X 100= total percent  
Example: Score total is 12 divided by 45 = 26.66 or 27%

Score total \_\_\_\_\_

Divide by \_\_\_\_\_

(5 x # of questions answered) \_\_\_\_\_

**Total percent** \_\_\_\_\_

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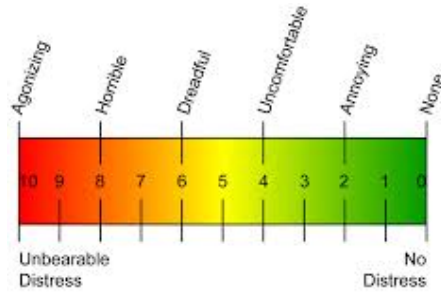
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Please rate your pain according to the scale below.



Task \_\_\_\_\_

Date \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_