

Oswestry Cervical Pain Questionnaire

Metropolitan Neurosurgery

Name: _____

Date: _____

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please mark the box which most closely describes your problem right now.

Section 1 - Pain Intensity

- I have no pain at the moment. (0)
- The pain is very mild at the moment. (1)
- The pain is moderate at 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 self-care. (4)
- I don't get dressed, wash with difficulty and stay in bed. (5)

Section 3 - Lifting

- I can lift heavy weights without extra pain. (0)
- I can lift heavy weights but it causes extra pain. (1)
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. 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 lift only very light weights. (4)
- I cannot lift or carry anything at all. (5)

Section 4 – Walking

- Pain doesn't prevent me walking any distance. (0)
- Pain prevents me from walking more than 1 mile. (1)
- Pain prevents me from walking more than ½ mile. (2)
- Pain prevents me from walking more than ¼ mile. (3)
- I can only walk using a cane or crutches. (4)
- I am in bed most of the time. (5)

Section 5 - Sitting

- 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 ½ hour. (3)
- Pain prevents me from sitting more than 10 min. (4)
- Pain prevents me from sitting at all. (5)

Section 6 - Standing

- 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 1hr. (2)
- Pain prevents me from standing for more than 30 min. (3)
- Pain prevents me from standing for more than 10 min. (4)
- Pain prevents me from standing at all. (5)

Section 7 - Work

- 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

- 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

- 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 hr sleep. (2)
- Even when I take meds I have less than 4 hrs sleep. (3)
- Even when I take meds I have less than 2 hrs sleep. (4)
- Pain prevents me from sleeping at all. (5)

Section 10 – Recreation

- 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 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. (5)

Please rate your pain according to the scale below

(No Pain) 0...1...2...3...4...5...6...7...8...9...10 (Unbearable Distress)