



Oswestry Low Back Pain Disability Questionnaire

Name: _____ Date: _____

The questionnaire has been designed to give us information as to how your low back and 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 realize you may consider that 2 or more statements in any one section apply but please just mark the box that indicates the statement which most closely describes your problem.

	PAIN INTENSITY		STANDING
<input type="checkbox"/> 0	I have no pain at the moment	<input type="checkbox"/> 0	I can stand as long as I want without extra pain
<input type="checkbox"/> 1	Pain is very mild at the moment	<input type="checkbox"/> 1	I can stand as long as I want but it give me extra pain
<input type="checkbox"/> 2	Pain is moderate at the moment	<input type="checkbox"/> 2	Pain prevents me from standing for more than 1 hour
<input type="checkbox"/> 3	Pain is fairly severe at the moment	<input type="checkbox"/> 3	Pain prevents me from standing for more than 30 minutes
<input type="checkbox"/> 4	Pain is very severe at the moment	<input type="checkbox"/> 4	Pain prevents me from standing for more than 10 minutes
<input type="checkbox"/> 5	Pain is the worst imaginable at the moment	<input type="checkbox"/> 5	Pain prevents me from standing at all
	PERSONAL CARE (WASHING, DRESSING etc)		SLEEPING
<input type="checkbox"/> 0	I can look after myself normally with out causing extra pain	<input type="checkbox"/> 0	My sleep is never disturbed by pain
<input type="checkbox"/> 1	I can look after myself normally, but it causes extra pain	<input type="checkbox"/> 1	My sleep is occasionally disturbed by pain
<input type="checkbox"/> 2	It is painful to look after myself and I am slow and careful	<input type="checkbox"/> 2	Because of pain I have less than 6 hours sleep
<input type="checkbox"/> 3	I need some help but manage most of my personal care	<input type="checkbox"/> 3	Because of pain I have less than 4 hours sleep
<input type="checkbox"/> 4	I need help every day in most aspects of self care	<input type="checkbox"/> 4	Because of pain I have less than 2 hours sleep
<input type="checkbox"/> 5	I do not get dressed, wash with difficulty and sty in bed	<input type="checkbox"/> 5	Pain prevents me from sleeping at all
	LIFTING		SEX LIFE (if applicable)
<input type="checkbox"/> 0	I can lift heavy weights without extra pain	<input type="checkbox"/> 0	My sex life is normal and causes me no extra pain
<input type="checkbox"/> 1	I can lift heavy weights but it gives me extra pain	<input type="checkbox"/> 1	My sex life is normal but causes some extra pain
<input type="checkbox"/> 2	Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently placed eg. on a table	<input type="checkbox"/> 2	My sex life is nearly normal but is very painful
<input type="checkbox"/> 3	Pain prevents me from lifting heavy weights but I can manage light to medium weights conveniently positioned	<input type="checkbox"/> 3	My sex life is severely restricted by pain
<input type="checkbox"/> 4	I can lift very light weights	<input type="checkbox"/> 4	My sex life is nearly absent because of pain
<input type="checkbox"/> 5	I cannot lift or carry anything at all	<input type="checkbox"/> 5	Pain prevents any sex life at all
	WALKING		SOCIAL LIFE
<input type="checkbox"/> 0	Pain does not prevent me walking any distance	<input type="checkbox"/> 0	My social life is normal and gives me no extra pain
<input type="checkbox"/> 1	Pain prevents me from walking more than 2 kilometres	<input type="checkbox"/> 1	My social life is normal but increases the degree of pain
<input type="checkbox"/> 2	Pain prevents me from walking more than 1 kilometre	<input type="checkbox"/> 2	Pain has no significant effect on my social life apart from limiting my more energetic interests eg. Sports
<input type="checkbox"/> 3	Pain prevents me from walking more than 500 metres	<input type="checkbox"/> 3	Pain has restricted my social life and I do not go out as often
<input type="checkbox"/> 4	I can only walk using a cane or crutches	<input type="checkbox"/> 4	Pain has restricted my social life to my home
<input type="checkbox"/> 5	I am in bed most of the time	<input type="checkbox"/> 5	I have no social life because of pain
	SITTING		TRAVELLING
<input type="checkbox"/> 0	I can sit in any chair as long as I like	<input type="checkbox"/> 0	I can travel anywhere without pain
<input type="checkbox"/> 1	I can only sit in my favourite chair as long as I like	<input type="checkbox"/> 1	I can travel anywhere but it gives me extra pain
<input type="checkbox"/> 2	Pain prevents me from sitting more than 1 hour	<input type="checkbox"/> 2	Pain is bad but I manage journeys of less than 2 hours
<input type="checkbox"/> 3	Pain prevents me from sitting more that 30 minutes	<input type="checkbox"/> 3	Pain restricts me to journeys of less than 1 hour
<input type="checkbox"/> 4	Pain prevents me from sitting more than 10 minutes	<input type="checkbox"/> 4	Pain restricts me to short necessary journeys under 30 minutes
<input type="checkbox"/> 5	Pain prevents me from sitting at all	<input type="checkbox"/> 5	Pain prevents me from travelling except to receive treatment



Neck Disability Index Questionnaire

Name: _____ Date: _____

The questionnaire has been designed to give us information as to how your neck 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 realize you may consider that 2 or more statements in any one section apply but please just mark the box that indicates the statement which most closely describes your problem.

A. PAIN INTENSITY		F. CONCENTRATION	
<input type="checkbox"/> 0	I have no pain at the moment	<input type="checkbox"/> 0	I can concentrate fully without difficulty
<input type="checkbox"/> 1	Pain is very mild at the moment	<input type="checkbox"/> 1	I can concentrated fully with slight difficulty
<input type="checkbox"/> 2	Pain is moderate at the moment	<input type="checkbox"/> 2	I have a fair degree of difficulty concentrating
<input type="checkbox"/> 3	Pain is fairly severe at the moment	<input type="checkbox"/> 3	I have a lot of difficulty concentrating
<input type="checkbox"/> 4	Pain is very severe at the moment	<input type="checkbox"/> 4	I have a great deal of difficulty concentrating
<input type="checkbox"/> 5	Pain is the worst imaginable at the moment	<input type="checkbox"/> 5	I can't concentrate at all
B. PERSONAL CARE (WASHING, DRESSING etc)		G. WORK	
<input type="checkbox"/> 0	I can look after myself normally with out causing extra pain	<input type="checkbox"/> 0	I can do as much work as I want
<input type="checkbox"/> 1	I can look after myself normally, but it causes extra pain	<input type="checkbox"/> 1	I can only do my usual work, but no more
<input type="checkbox"/> 2	It is painful to look after myself and I am slow and careful	<input type="checkbox"/> 2	I can od most of my usual work, but no more
<input type="checkbox"/> 3	I need some help but manage most of my personal care	<input type="checkbox"/> 3	I can't do my usual work
<input type="checkbox"/> 4	I need help every day in most aspects of self care	<input type="checkbox"/> 4	I can hardly do any work at all
<input type="checkbox"/> 5	I do not get dressed, wash with difficulty and stay in bed	<input type="checkbox"/> 5	I can not do any work at all
C. LIFTING		H. READING	
<input type="checkbox"/> 0	I can lift heavy weights without extra pain	<input type="checkbox"/> 0	I can read as much as I want with no neck pain
<input type="checkbox"/> 1	I can lift heavy weights but it gives me extra pain	<input type="checkbox"/> 1	I can read as much as I want with slight neck pain
<input type="checkbox"/> 2	Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently placed eg. on a table	<input type="checkbox"/> 2	I can read as much as I want with moderate neck pain
<input type="checkbox"/> 3	Pain prevents me from lifting heavy weights but I can manage light to medium weights conveniently positioned	<input type="checkbox"/> 3	I can't read as much as I want because of moderate neck pain
<input type="checkbox"/> 4	I can lift very light weights	<input type="checkbox"/> 4	I can't read as much as I want because of severe neck pain
<input type="checkbox"/> 5	I cannot lift or carry anything at all	<input type="checkbox"/> 5	I can't read at all
D. DRIVING (if applicable)		I. SLEEPING	
<input type="checkbox"/> 0	I can drive my car without neck pain	<input type="checkbox"/> 0	I have no trouble sleeping
<input type="checkbox"/> 1	I can drive as long as I want with slight neck pain	<input type="checkbox"/> 1	My sleep is slightly disturbed for less than 1 hour
<input type="checkbox"/> 2	I can drive as long as I want with moderate neck pain	<input type="checkbox"/> 2	My sleep is mildly disturbed for up to 1-2 hours
<input type="checkbox"/> 3	I cannot drive as long as I want because of moderate pain	<input type="checkbox"/> 3	My sleep is moderately disturbed for up to 2-3 hours
<input type="checkbox"/> 4	I can hardly drive at all because of severe neck pain	<input type="checkbox"/> 4	My sleep is greatly disturbed for up to 3-5 hours
<input type="checkbox"/> 5	I can't drive my car at all because of neck pain	<input type="checkbox"/> 5	My sleep is completely disturbed for up to 5-7 hours
E. HEADACHES		J. RECREATION	
<input type="checkbox"/> 0	I have no headaches at all	<input type="checkbox"/> 0	I am able to engage in all my recreations activities with no pain
<input type="checkbox"/> 1	I have slight headaches that come infrequently	<input type="checkbox"/> 1	I am able to engage in all my recreations activities with some neck pain
<input type="checkbox"/> 2	I have moderate headaches that come infrequently	<input type="checkbox"/> 2	I am able to engage in most but not all my recreations activities because of pain in my neck
<input type="checkbox"/> 3	I have moderate headaches that come frequently	<input type="checkbox"/> 3	I am able to engage in a few of my recreations activities because of neck pain
<input type="checkbox"/> 4	I have severe headaches that come frequently	<input type="checkbox"/> 4	I can hardly do recreational activities due to neck pain

