

# OSWESTRY NECK SCALE

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

Date: \_\_\_\_\_

## How long have you had neck pain?

(years) \_\_\_\_\_ (months) \_\_\_\_\_ (weeks) \_\_\_\_\_

## How long have you had arm pain?

(years) \_\_\_\_\_ (months) \_\_\_\_\_ (weeks) \_\_\_\_\_



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### PLEASE READ:

This questionnaire has been designed to give the physical therapist information about how your neck pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section **ONLY THE ONE BOX** that best applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem. Please complete all sections. **ALL INFORMATION PROVIDED IS CONFIDENTIAL.**

### SECTION 1 – PAIN INTENSITY

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

### SECTION 2 – PERSONAL CARE (i.e., washing, dressing, etc.)

- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help but manage most of my personal care.
- 4 I need help every day in most aspects of my self-care.
- 5 I do not dress, wash with difficulty, and stay in bed.

### SECTION 3 – LIFTING

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

### SECTION 4 – READING

- 0 I can read as much as I want to with no pain in my neck.
- 1 I can read as much as I want to slight pain in my neck.
- 2 I can read as much as I want to moderate pain in my neck.
- 3 I cannot read as much as I want to because of moderate pain in my neck.
- 4 I can hardly read at all because of severe pain in my neck.
- 5 I cannot read at all.

### SECTION 5 – HEADACHES

- 0 I have no headaches at all.
- 1 I have slight headaches that come infrequently.
- 2 I have moderate headaches that come infrequently.
- 3 I have moderate headaches that come frequently.
- 4 I have severe headaches that come frequently.
- 5 I have headaches almost all the time.

### SECTION 6 – CONCENTRATION

- 0 I can concentrate fully when I want to with no difficulty.
- 1 I can concentrate fully when I want to with slight difficulty.
- 2 I have a fair degree of difficulty in concentrating when I want to.
- 3 I have a lot of difficulty in concentrating when I want to.
- 4 I have a great deal of difficulty in concentrating when I want to.
- 5 I can not concentrate at all.

### SECTION 7 – WORK

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

### SECTION 8 – DRIVING

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

### SECTION 9 – SLEEPING

- 0 I have no trouble sleeping.
- 1 My sleep is slightly disturbed (less than 1 hour sleepless).
- 2 My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderately disturbed (2-3 hours sleepless).
- 4 My sleep is greatly disturbed (3-5 hours sleepless).
- 5 My sleep is completely disturbed (5-7 hours sleepless).

### SECTION 10 – RECREATION

- 0 I am able to engage in all my recreational activities with no neck pain at all.
- 1 I am able to engage in all my recreational activities with some pain in my neck pain.
- 2 I am able to engage in most, but not all, of my recreational activities because of pain in my neck pain.
- 3 I engage in only a few of my usual recreational activities because of pain in my neck.
- 4 I can hardly do any recreational activities because of pain in my neck.
- 5 I cannot do any recreational activities at all.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100 = \_\_\_\_\_