

Patient #: _____ Date: _____

OSWESTRY BACK INDEX 2.0

PLEASE READ: This questionnaire is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. Please answer every section by circling the **One Choice** that most closely describes you today.

SECTION 1—Pain Intensity

- A. I have no back pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

SECTION 2—Personal Care (washing, dressing, etc.)

- A. I can look after myself normally without causing extra back pain.
- B. I can look after myself normally but it is very painful.
- 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 dressed, wash with difficulty and stay in bed because of back pain.

SECTION 3—Lifting

- A. I can lift heavy weights without extra back 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, for example 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 only lift very light weights, at the most.
- F. I cannot lift or carry anything at all because of back pain.

SECTION 4—Walking

- A. Pain does not prevent me from walking any distance.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than ½ mile.
- D. Pain prevents me from walking more than ¼ mile.
- E. I can only walk while using a stick or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

SECTION 5—Sitting

- A. I can sit in any chair as long as I like.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than 1 hour.
- D. Pain prevents me from sitting more than ½ hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

SECTION 6—Standing

- A. I can stand as long as I want without extra back pain.
- B. I can stand as long as I want but it gives me extra pain.
- C. Pain prevents me from standing for more than 1 hour.
- D. Pain prevents me from standing for more than ½ hour.
- E. Pain prevents me from standing for more than 10 minutes.
- F. Pain prevents me from standing at all.

SECTION 7—Sleeping

- A. My sleep is not disturbed by back pain.
- B. My sleep is occasionally disturbed by pain.
- C. Because of pain I have less than 6 hours of sleep.
- D. Because of pain I have less than 4 hours of sleep.
- E. Because of pain I have less than 2 hours of sleep.
- F. Back pain prevents me from sleeping at all.

SECTION 8—Sex Life (if applicable)

- A. My sex life is normal and causes me no extra pain.
- B. My sex life is normal, but causes some extra pain.
- C. My sex life is nearly normal but is very painful.
- D. My sex life is severely restricted by pain.
- E. My sex life is nearly absent because of pain.
- F. Back pain prevents any sex life at all.

SECTION 9—Social Life

- A. My social life is normal and causes no extra back pain.
- B. My social life is normal, but increases the degree of pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, for example sports, dancing, etc.
- D. Pain has restricted my social life and I do not go out as often.
- E. Pain has restricted my social life to my home.
- F. I have no social life because of the back pain.

SECTION 10—Traveling

- A. I can travel anywhere without extra back pain.
- B. I can travel anywhere but it gives extra pain.
- C. Pain is bad but I manage journeys over 2 hours.
- D. Pain restricts me to journeys of less than 1 hour.
- E. Pain restricts me to short necessary journeys under 30 minutes.
- F. Pain prevents me from traveling except to receive treatment.

Patient #: _____ Date: _____

NECK DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1—Pain Intensity

- A. I have no neck pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

SECTION 2—Personal Care (washing, dressing, etc.)

- A. I can look after myself normally without causing extra neck 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 dressed. I wash with difficulty and stay in bed.

SECTION 3—Lifting

- A. I can lift heavy weights without extra neck pain.
- B. I can lift heavy weights, but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example 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 because of neck pain.

SECTION 4—Reading

- A. I can read as much as I want with no neck pain.
- B. I can read as much as I want with slight neck pain.
- C. I can read as much as I want with moderate neck pain.
- D. I cannot read as much as I want because of moderate neck pain.
- E. I cannot read as much as I want because of severe neck pain.
- F. I cannot read at all because of neck pain.

SECTION 5—Headaches

- 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.

SECTION 6—Concentration

- A. I can concentrate fully with no difficulty.
- B. I can concentrate fully with slight difficulty.
- C. I have a fair degree of difficulty concentrating.
- D. I have a lot of difficulty concentrating.
- E. I have a great deal of difficulty concentrating.
- F. I cannot concentrate at all because of neck pain.

SECTION 7—Work

- A. I can do as much work as I want.
- B. I can only 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 due to neck pain.

SECTION 8—Driving

- A. I can drive without neck pain.
- B. I can drive as long as I want with slight neck pain.
- C. I can drive as long as I want with moderate neck pain.
- D. I cannot drive as long as I want because of moderate neck pain.
- E. I can hardly drive at all because of severe neck pain.
- F. I cannot drive at all because of neck pain.

SECTION 9—Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed for less than 1 hour.
- C. My sleep is mildly disturbed for up to 1-2 hours.
- D. My sleep is moderately disturbed for up to 2-3 hours.
- E. My sleep is greatly disturbed for up to 3-5 hours.
- F. My sleep is completely disturbed for up to 5-7 hours.

SECTION 10—Recreation

- A. I am able to engage in all of my recreational activities with no neck pain.
- B. I am able to engage in all of my recreational activities with some neck pain.
- C. I am able to engage in most, but not all of my recreational activities because of neck pain.
- D. I am able to engage in only a few of my recreational activities because of neck pain.
- E. I can hardly do any recreational activities because of neck pain.
- F. I cannot do any recreational activities at all because of neck pain.