



Modified Oswestry Neck Disability Index

Name: _____ Age: _____ Date: _____ / _____ / _____ Raw Score: _____

Please complete this questionnaire by circling one answer in each section. It is designed to give us information as to how your **neck** trouble has affected your ability to manage in everyday life.

1. Pain Intensity

- A. I have no 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 at the moment.

2. Personal Care

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it is 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.

3. Lifting

- A. I can lift heavy weights without extra 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, e.g., 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.

4. Reading

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

5. Headaches

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

6. Concentration

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

7. Work

- A. I can do as much work as I want to.
- 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 can't do any work at all.

8. Driving

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I can't drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I can't drive my car at all.

9. Sleeping

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

10. Social Life

- A. My social life is normal and gives me no extra 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, e.g., 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 pain.

Patient Signature: _____

Date: _____ / _____ / _____