

THE REVISED OSWESTRY PAIN QUESTIONNAIRE (NECK )

Patient's Name: \_\_\_\_\_

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

**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 WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

**Section 1 – Pain Intensity**

- A I have no pain at the moment
- B The pain is very mild at the moment
- C The pain 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 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

**Section 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

**Section 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 cannot do any work at all