

NECK EVALUATION FORM

Please rate your pain level with activity:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No Pain = 0 1 2 3 4 5 6 7 8 9 10 = Very Severe Pain

Please check the box that describes your neck during the past 4 weeks...

1) Pain intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

2) Personal care (e.g., washing, dressing)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally, but it causes extra pain.
- ☐ It is painful to take care of myself, and I am slow and careful.
- ☐ I need some help, but I can manage most of my personal care.
- ☐ I need help every day in most aspects of my care.
- ☐ I cannot get dressed, I wash with difficulty, and stay in bed.

3) Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights, but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage if they are conveniently placed.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

4) Headaches

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come infrequently.
- ☐ I have headaches almost all the time.

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OSWESTRY LOW BACK EVALUATION FORM

NAME _____

S.O.C. _____ REF MD _____

5) Recreation

- ☐ I am able to engage in all my recreational activities without pain.
- ☐ I am able to engage in all my recreational activities with some pain.
- ☐ I am able to engage in most, but not all, of my usual recreational activities because of my neck pain.
- ☐ I am able to engage in a few of my usual recreational activities with some neck pain.
- ☐ I can hardly do any recreational activities because of my neck pain.
- ☐ I can't do any recreational activities at all.

6) Reading

- ☐ I can read as much as I want with no neck pain.
- ☐ I can read as much as I want with slight neck pain.
- ☐ I can read as much as I want with moderate neck pain.
- ☐ I can't read as much as I want because of moderate neck pain.
- ☐ I can hardly read at all because of severe neck pain.
- ☐ I cannot read at all because of neck pain.

7) Work

- ☐ I can do as much as I want to.
- ☐ I can only do my usual work but no more.
- ☐ I can do most of my usual work but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any usual work at all.
- ☐ I can't do any work at all.

8) Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ My sleep is slightly disturbed (<1 hr sleep loss).
- ☐ My sleep is mildly disturbed (1-2 hr sleep loss).
- ☐ My sleep is moderately disturbed (2-3 hr sleep loss).
- ☐ My sleep is greatly disturbed (3-4 hr sleep loss).
- ☐ My sleep is completely disturbed (5-7 hr sleep loss).

9) Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
- ☐ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating when I want.
- ☐ I have a lot of difficulty concentrating when I want.
- ☐ I have a great difficulty in concentrating when I want.
- ☐ I cannot concentrate at all.

10) Driving

- ☐ I can drive my car without any neck pain.
- ☐ I can drive my car as long as I want with slight neck pain.
- ☐ I can drive my car as long as I want with moderate neck pain.
- ☐ I can't drive my car as long as I want because of moderate pain in my neck.
- ☐ I can hardly drive at all because of severe neck pain.
- ☐ I cannot drive my car at all.