

Oswestry Neck Disability Index

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities. Please check the box for *the one statement* in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that *most closely* describes your present-day situation. Thank you.

Patient name _____

Date _____

Please check one box in each section.

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 at the moment.

Section 2–Personal Care (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; 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 self-care.
 5 I do not get dressed; I 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 me extra pain.
 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned—for example on a table.
 3 Pain prevents me from lifting heavy weights, but I can manage light to medium 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 with slight pain in my neck.
 2 I can read as much as I want with moderate neck pain.
 3 I can't read as much as I want because of moderate neck pain.
 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 cannot concentrate at all.

Section 7–Work

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

Score: _____ (50) Benchmark -5= _____

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3 Lifting a bag of groceries to waist level	0	1	2	3	4
4 Lifting a bag of groceries above your head	0	1	2	3	4
5 Grooming your hair	0	1	2	3	4
6 Pushing up on your hands (eg from bathtub or chair)	0	1	2	3	4
7 Preparing food (eg peeling, cutting)	0	1	2	3	4
8 Driving	0	1	2	3	4
9 Vacuuming, sweeping or raking	0	1	2	3	4
10 Dressing	0	1	2	3	4
11 Doing up buttons	0	1	2	3	4
12 Using tools or appliances	0	1	2	3	4
13 Opening doors	0	1	2	3	4
14 Cleaning	0	1	2	3	4
15 Tying or lacing shoes	0	1	2	3	4
16 Sleeping	0	1	2	3	4
17 Laundering clothes (eg washing, ironing, folding)	0	1	2	3	4
18 Opening a jar	0	1	2	3	4
19 Throwing a ball	0	1	2	3	4
20 Carrying a small suitcase with your affected limb	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____/80

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. *Physiotherapy Canada*. 53(4):259-267.

QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back.	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (circle number)

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{\text{sum of } n \text{ responses}}{n} \right] - 1 \right) \times 25$, where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there is greater than 1 missing item.

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.

An optional module score may not be calculated if there are any missing items.



McGill University Pain Questionnaire

There are many words that describe pain. Some of these are grouped below.
Circle ALL of the words that describe the pain you have these days.

1. Flickering Quivering Pulsing Throbbing Beating Pounding	2. Jumping Flashing Shooting	3. Picking Boring Drilling Stabbing	4. Sharp Cutting Lacerating
5. Pinching Pressing Gnawing Cramping Crushing	6. Tugging Pulling Wrenching	7. Hot Burning Scalding Searing	8. Tingling Itchy Smarting Stinging
9. Dull Sore Hurting Aching Heavy	10. Tender Taut Rasping Splitting	11. Tiring Exhausting	12. Sickening Suffocating
13. Fearful Frightful Terrifying	14. Punishing Gruelling Cruel Vicious Killing	15. Wretched Blinding	16. Annoying Troublesome Miserable Intense Unbearable
17. Spreading Radiating Penetrating Piercing	18. Tight Numb Drawing Squeezing Tearing	19. Cool Cold Freezing	20. Nagging Nauseating Agonizing Dreadful