Oswestry NECK Functional Assessment

This Neck Functional Assessment will give us information about how your back condition affects your everyday life.

Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the **_ONE_** statement that most closely describes your problem.

Section 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.

Section 2 – Personal Care (bathing, dressing, shoes, etc.)
□ 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 look after myself, I am slow and careful.
□ I need some help but manage most of my personal care.
□ I need help every day in most aspects of self-care.
□ I do not get dressed; I wash with difficulty and stay in bed.

Section 3 – Lifting
□ I can lift heavy weights without extra pain.
□ I can lift heavy weights, but it gives me extra pain.
□ Pain prevents me from lifting heavy weights off the floor, but I can manage if they're conveniently positioned (i.e. on a table).
□ Pain prevents me from lifting heavy weights off the floor, but I can manage if they're light to medium weights & if they're conveniently positioned (i.e. on a table).
□ I can only lift very light weights.
□ I cannot lift or carry anything at all.

Section 4 – Reading
□ I can read as much as I want w/o any pain in my neck.
□ I can read as much as I want with slight pain in my neck.
□ I can read a s much as I want with moderate neck pain.
□ I cannot read as much as I want because of severe neck pain.
□ I can hardly read at all because of severe pain in my neck.
□ I cannot read at all.

Section 5 – Headaches
□ I have no headaches at all.
□ I have slight headaches that come infrequently.
□ I have moderate headaches that come infrequently.
□ I have moderate headaches that come frequently.
□ I have severe headaches that come frequently.
□ I have headaches almost all the time.

Section 6 – Concentration
□ I can concentrate fully with no difficulty.
□ I can concentrate fully with only slight difficulty.
□ I have a fair degree of difficulty in concentrating.
□ I have a lot of difficulty in concentrating.
□ I have a great deal of difficult concentrating.
□ I cannot concentrate at all.

Section 7 – Work (Occupational and/or household chores)
□ 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 work at all.
□ I cannot do any work at all.

Section 8 – Driving (or riding in a car)
□ I can drive/ride without any neck pain.
□ I can drive/ride as long as I want with slight pain in my neck.
□ I can drive/ride as long as I want with moderate pain in my neck.
□ I cannot drive/ride as long as I want because of moderate pain in my neck.
□ I can hardly drive/ride at all because of severe pain in my neck.
□ I cannot drive/ride at all.

Section 9 – Sleeping
□ I have no trouble sleeping.
□ My sleep is slightly disturbed (decreased by less than an hr).
□ My sleep is mildly disturbed (decreased 1-2 hrs).
□ My sleep is moderately disturbed (decreased 2-3 hrs).
□ My sleep is greatly disturbed (decreased 3-5hrs).
□ My sleep is completely disturbed (decreased 5 or more hrs).

Section 10 – Recreation (visiting w/friends/family, hobbies, etc.)
□ I am able to engage in all my recreation activities w/o neck pain.
□ I am able to engage in all my recreation activities w/some neck pain.
□ I am able to engage in many activities, but not all, because of my neck pain.
□ I am able to engage in a few activities, but not many, because of my neck pain.
□ I can hardly do any activities because of my neck pain.
□ I cannot do any activities at all.

Comments:_____

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Name (Print): _____ Signature:_____ Date:_____