

Name: \_\_\_\_\_

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

## Oswestry Cervical Pain Scale

Please rate the severity of your pain by circling a number below:

**No Pain**    0    1    2    3    4    5    6    7    8    9    10    **Unbearable Pain**

Instructions: Please circle the ONE NUMBER in each section which most closely describes your problem.

### Section 1 – Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is mild at the moment.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain is severe, but comes and goes.
- 5. The pain is severe and does not vary much.

### Section 2 – Personal Care

- 0. I can look after myself without causing extra pain.
- 1. I can look after myself normally, but it causes extra pain.
- 2. It is painful to look after myself and 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 undressed, 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 causes extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. 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 to with moderate pain in my neck.
- 3. I cannot read as much as I want to because of moderate pain in my neck.
- 4. I cannot read as much as I want to because of severe pain in my neck.
- 5. I cannot read at all.

### Section 5 – Headache

- 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 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 cannot 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 cannot 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 cannot 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 – Reaction

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

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Total _____