

NECK PAIN & DISABILITY QUESTIONNAIRE

(VERNON-MIOR)

Patient Name: _____

Date: _____

PLEASE READ INSTRUCTIONS:

This Questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. Please answer every section and mark in each section ONLY ONE BOX which applies to you. We realize you may consider that two of the statements in any one section relate to you, but just mark the box which 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

- I can look after myself normally without causing extra pain.
- I can look after myself normally but is causing extra pain.
- It is painful to look after myself and 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 cannot 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 causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e. on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

SECTION 4 – READING

- I can read as much as I want with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of the moderate pain in my neck.
- 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 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.

SECTION 6 – 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 to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

SECTION 7 – WORK

- I can do as much work 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

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

SECTION 9 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

SECTION 10 – RECREATION

- I am able to engage in all my recreation activities, with no neck pain at all.
- I am able to engage in all my recreation activities, with some pain in my neck.
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I cannot do any recreation activities at all.

LOW BACK PAIN & DISABILITY QUESTIONNAIRE

(REVISED OSWESTRY)

Patient Name: _____

Date: _____

PLEASE READ INSTRUCTIONS:

This Questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. Please answer every section and mark in each section ONLY ONE BOX which applies to you. We realize you may consider that two of the statements in any one section relate to you, but just mark the box which most closely describes your problem.

SECTION 1 – PAIN INTENSITY

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

SECTION 2 – PERSONAL CARE

I would not have to change my way of washing or dressing in order to avoid pain.

I do not normally change my way of washing or dressing even though it causes me pain.

Washing and dressing increase the pain but I manage not to change my way of doing it.

Because of the pain, I am unable to do some washing and dressing without help.

Because of the pain, I am unable to do any washing and dressing without help.

I do not get dressed, 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 causes extra pain.

Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned. (i.e. on a table)

Pain prevents me from lifting heavy weights, but I can manage medium to light weights if they are conveniently positioned.

I can only lift very light weights.

I cannot lift or carry anything at all.

SECTION 4 – WALKING

I have no pain while walking.

I have some pain with walking but it does not increase with distance.

I cannot walk more than 1/2 mile without increasing pain.

I cannot walk more than 1/4 mile without increasing pain.

I can only walk with the assistance of a cane or crutch.

I cannot walk at all with increasing pain.

SECTION 5 – SITTING

I can sit in any chair as long as I like.

I can only sit in my favorite chair as long as I like.

Pain prevents me from sitting for more than 1 hour.

Pain prevents me from sitting for more than 30 minutes.

Pain prevents me from sitting for more than 10 minutes.

I avoid sitting because it increases pain straight away.

SECTION 6 – STANDING

I can stand as long as I want without pain.

I have some pain standing but it does not increase with time.

I cannot stand for longer than one hour without increasing pain.

I cannot stand for longer than 1/2 hour without increasing pain.

I cannot stand for longer than 10 minutes without increasing pain.

I avoid standing because it increases the pain right away.

SECTION 7 – SLEEPING

I get no pain sleeping in bed.

I get pain in bed but it does not prevent me from sleeping well.

Because of the pain, my normal night's sleep is reduced by 1/4.

Because of the pain, my normal night's sleep is reduced by 1/2.

Because of the pain, my normal night's sleep is reduced by 3/4.

Pain prevents me from sleeping at all.

SECTION 8 – SOCIAL LIFE

My social life is normal and gives me no pain.

My social life is normal but it increases the degree of pain.

Pain has no significant effect on my social life apart from limiting my more energetic interests (i.e. dancing, etc)

Pain has restricted my social life and I do not go out very often.

Pain has restricted my social life at my home.

I have hardly any social life because of the pain.

SECTION 9 – TRAVELING

I have no pain while traveling.

I get some pain while traveling but none of my usual forms of travel make it worse.

I get extra pain while traveling but it does not compel me to seek alternative forms of travel.

I get extra pain while traveling which compels me to seek alternative forms of travel.

Pain restricts my travel to short necessary journeys under 30 minutes.

Pain prevents all travel except for visits to the doctor or hospital.

SECTION 10 – CHANGING DEGREE OF PAIN

My pain is rapidly getting better.

My pain fluctuates but overall is definitely getting better.

My pain seems to be getting better but improvement is slow.

My pain is neither getting better nor worse.

My pain is gradually worsening.

My pain is rapidly worsening.