

Patient's Name _____ DOB _____ Date _____

*Note: This questionnaire has been designed to give your clinician information as to how your neck pain and/or dysfunction have affected you in your everyday activities. Please answer each section; **marking only ONE box** which best describes your status on average in the past week.*

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 (Washing, Dressing, 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 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 do not get dressed, I wash with difficulty, and stay in bed.

Section 3 – Lifting

- I can lift heavy objects without extra pain.
- I can lift heavy objects, but it gives extra pain.
- Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.
- I can lift very light objects.
- I cannot lift or carry anything at all.

Section 4 – Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain.
- I can't read as much as I want because of 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 frequently.
- 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/Activities of Daily Living

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

Section 8 – Driving

- I 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 my car 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 hr. sleep loss).
- My sleep is mildly disturbed (1-2 hrs. sleep loss).
- My sleep is moderately disturbed (2-3 hrs. sleep loss).
- My sleep is greatly disturbed (3-4 hrs. sleep loss).
- My sleep is completely disturbed (5-7 hrs. sleep loss).

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 a 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.

FOR CLINICIAN(S) ONLY:

Scored items _____ x100 = % of disability

Score: _____