

Patient Name

Date

This questionnaire will give the doctor information about how your neck condition affects your everyday life. Please answer every section and mark only the one statement that applies to you. If two statements in one section relate to you, please mark the statement which most closely describes your problem.

Pain Intensity

- 0-I have no pain at the moment.
- 1-The pain is very mild at the moment.
- 2-The pain comes and goes and is moderate.
- 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.

Sleeping

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

Reading

- 0-I can read as much as I want with no neck pain.
- 1-I can read as much as I want with slight neck pain.
- 2-I can read as much as I want with moderate neck pain.
- 3-I can not read as much as I want because of moderate neck pain.
- 4-I can hardly read at all because of severe neck pain.
- 5-I can not read at all because of neck pain.

Concentration

- 0-I can concentrate fully when I want with no difficulty.
- 1-I can concentrate fully when I want with slight difficulty.
- 2-I have a fair degree of difficulty concentrating when I want.
- 3-I have a lot of difficulty concentrating when I want.
- 4-I have a great deal of difficulty concentrating when I want.
- 5-I cannot concentrate at all.

Work

- 0-I can do as much work as I want.
- 1-I can only do my usual work but no more.
- 2-I can only do most of my usual work but no more.
- 3-I can not do my usual work.
- 4-I can hardly do any work at all.
- 5-I can not do any work at all.

Personal Care

- 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 and I am slow and careful.
- 3-I need some help but I 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.

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 only lift very light weights.
- 5-I can not lift or carry anything at all.

Driving

- 0-I can drive my car without any neck pain.
- 1-I can drive my car as long as I want with slight neck pain.
- 2-I can drive my car as long as I want with moderate neck pain.
- 3-I can not drive my car as long as I want because of moderate neck pain.
- 4-I can hardly drive at all because of severe neck pain.
- 5-I can not drive my car at all because of neck pain.

Recreation

- 0-I am able to engage in all my recreation activities without neck pain.
- 1-I am able to engage in all my usual recreation activities with some neck pain.
- 2-I am able to engage in most but not all my usual recreation activities because of neck pain.
- 3-I am only able to engage in a few of my usual recreation activities because of neck pain.
- 4-I can hardly do any recreation activities because of neck pain.
- 5-I can not do any recreation activities at all.

Headaches

- 0-I have no headaches at all.
- 1-I have slight headaches which come infrequently.
- 2-I have moderate headaches which come infrequently.
- 3-I have moderate headaches which come frequently.
- 4-I have severe headaches which come frequently.
- 5-I have headaches almost all the time.

Score

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Draft

