



Please complete this questionnaire. It is designed to give us information as to how your neck trouble has affected your ability to manage in everyday life.

Answer **every section**.

Mark **one box only** in each section that most closely describes you **today**.

<p>SECTION 1: PAIN INTENSITY</p> <p><input type="checkbox"/> A. I have no pain at the moment.</p> <p><input type="checkbox"/> B. The pain is very mild at the moment.</p> <p><input type="checkbox"/> C. The pain is moderate at the moment.</p> <p><input type="checkbox"/> D. The pain is fairly severe at the moment.</p> <p><input type="checkbox"/> E. The pain is very severe at the moment.</p> <p><input type="checkbox"/> F. The pain is the worst imaginable at the moment.</p>	<p>SECTION 6: CONCENTRATION</p> <p><input type="checkbox"/> A. I can concentrate fully when I want with no difficulty.</p> <p><input type="checkbox"/> B. I can concentrate fully when I want with slight difficulty.</p> <p><input type="checkbox"/> C. I have a fair degree of difficulty in concentrating when I want.</p> <p><input type="checkbox"/> D. I have a lot of difficulty in concentrating when I want.</p> <p><input type="checkbox"/> E. I have a great deal of difficulty in concentrating when I want.</p> <p><input type="checkbox"/> F. I cannot concentrate at all.</p>		
<p>SECTION 2: PERSONAL CARE (WASHING, DRESSING, ETC.)</p> <p><input type="checkbox"/> A. I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> B. I can look after myself normally but it is very painful.</p> <p><input type="checkbox"/> C. It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> D. I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> E. I need help every day in most aspects of self care.</p> <p><input type="checkbox"/> F. I do not get dressed, wash with difficulty, and stay in bed.</p>	<p>SECTION 9: WORK</p> <p><input type="checkbox"/> A. I can do as much work as I want.</p> <p><input type="checkbox"/> B. I can only do my usual work but no more.</p> <p><input type="checkbox"/> C. I can do most of my usual work, but no more.</p> <p><input type="checkbox"/> D. I cannot do my usual work.</p> <p><input type="checkbox"/> E. I can hardly do any work at all.</p> <p><input type="checkbox"/> F. I cannot do any work at all.</p>		
<p>SECTION 3: LIFTING</p> <p><input type="checkbox"/> A. I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> B. I can lift heavy weights but it gives me extra pain.</p> <p><input type="checkbox"/> C. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.</p> <p><input type="checkbox"/> D. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> E. I can lift only very light weights, at the most.</p> <p><input type="checkbox"/> F. I cannot lift or carry anything at all.</p>	<p>SECTION 8: DRIVING</p> <p><input type="checkbox"/> A. I can drive my car without any neck pain.</p> <p><input type="checkbox"/> B. I can drive my car as long as I want with slight pain.</p> <p><input type="checkbox"/> C. I can drive my car as long as I want with moderate pain.</p> <p><input type="checkbox"/> D. I cannot drive my car as long as I want because of moderate pain.</p> <p><input type="checkbox"/> E. I can hardly drive at all because of severe pain.</p> <p><input type="checkbox"/> F. I cannot drive my car at all.</p>		
<p>SECTION 4: READING</p> <p><input type="checkbox"/> A. I can read as much as I want with no pain.</p> <p><input type="checkbox"/> B. I can read as much as I want with slight pain.</p> <p><input type="checkbox"/> C. I can read as much as I want with moderate pain.</p> <p><input type="checkbox"/> D. I can't read as much as I want because of moderate pain.</p> <p><input type="checkbox"/> E. I can hardly read at all because of severe pain.</p> <p><input type="checkbox"/> F. I cannot read at all.</p>	<p>SECTION 9: SLEEPING</p> <p><input type="checkbox"/> A. My sleep is never disturbed by pain.</p> <p><input type="checkbox"/> B. My sleep is occasionally disturbed by pain.</p> <p><input type="checkbox"/> C. Because of pain I have less than 6 hours sleep.</p> <p><input type="checkbox"/> D. Because of pain I have less than 4 hours sleep.</p> <p><input type="checkbox"/> E. Because of pain I have less than 2 hours sleep.</p> <p><input type="checkbox"/> F. Pain prevents me from sleeping at all.</p>		
<p>SECTION 5: HEADACHE</p> <p><input type="checkbox"/> A. I have no headache at all.</p> <p><input type="checkbox"/> B. I have slight headaches with come infrequently.</p> <p><input type="checkbox"/> C. I have moderate headaches which come infrequently.</p> <p><input type="checkbox"/> D. I have moderate headaches which come frequently.</p> <p><input type="checkbox"/> E. I have severe headaches which come frequently.</p> <p><input type="checkbox"/> F. I have headaches almost all the time.</p>	<p>SECTION 10: RECREATION</p> <p><input type="checkbox"/> A. I am able to engage in all my recreational activities with no pain.</p> <p><input type="checkbox"/> B. I am able to engage in all my recreational activities with slight pain.</p> <p><input type="checkbox"/> C. I am able to engage in most but not all because of moderate pain.</p> <p><input type="checkbox"/> D. I am able to engage in only a few because of moderate pain.</p> <p><input type="checkbox"/> E. I can hardly do any because of severe pain.</p> <p><input type="checkbox"/> F. I cannot do any at all.</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 75%; height: 30px; vertical-align: top;">PATIENT SIGNATURE</td> <td style="width: 25%; height: 30px; vertical-align: top;">DATE</td> </tr> </table>		PATIENT SIGNATURE	DATE
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