

# NECK

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 the **one box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just **mark the box which most closely describes your problem.**

## Pain intensity

- I can tolerate the pain I have without having to use pain killers
- The pain is bad but I manage without taking pain killers
- Pain killers give complete relief from pain
- Pain killers give moderate relief from pain
- Pain killers give very little relief from pain
- Pain killers have no effect on the pain and I do not use them

## 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, wash with difficulty, and stay in bed

## Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. 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 only very light weights
- I cannot lift or carry anything at all

## Headaches

- I have no headaches at all
- I have mild, occasional headaches
- I have moderate, occasional headaches
- I have moderate, frequent headaches
- I have severe, frequent headaches
- I have headaches almost all of the time

## Work

- I can do as much work as I want to
- I can do all my usual work, but no more
- I can do most of my usual work
- I can not do my usual work
- I can hardly do any work at all
- I can not do any work at all

## Driving a car

- I can drive as long as I want without neck pain
- I can drive as long as I want with mild neck pain
- I can drive as long as I want with moderate neck pain
- I can not drive as long as I want because of neck pain
- I can hardly drive at all because of neck pain
- I can not drive at all

## Sleeping

- Pain does not prevent me from sleeping well
- I can sleep well only by using tablets
- Even when I take tablets I have less than six hours sleep
- Even when I take tablets I have less than four hours sleep
- Even when I take tablets I have less than two hours sleep
- Pain prevents me from sleeping at all

## Reading

- I can read as much as I want without neck pain
- I can read as much as I want with slight neck pain
- I can read as much as I want with moderate neck pain
- I can not read as much as I want because of neck pain
- I can hardly read at all because of neck pain
- I can not read at all because of neck pain

## 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 concentrating when I want
- I have a lot of difficulty concentrating when I want
- I have a great deal of difficulty concentrating when I want
- I can not concentrate at all

## Recreation

- I can participate in all my recreational activities without neck pain
- I can participate in all my recreational activities with some neck pain
- I can participate in most, but not all, of my usual recreational activities because of neck pain
- I can only participate in a few of my usual recreational activities because of neck pain
- I hardly participate in any recreational activities because of neck pain
- I cannot participate in any recreational activities because of neck pain