

NAME <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
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NECK PAIN QUESTIONNAIRE

This questionnaire has been designed to give your therapist information as to how your neck pain has affected your ability to manage in every day life. Please answer every section by placing a mark in the **one** box that best describes your condition today. We realize you may feel that two of the statements describe your condition, but **please mark only the box which most closely describes your current condition.**

PAIN INTENSITY	DRIVING
<input type="checkbox"/> I have no pain at the moment	<input type="checkbox"/> I can drive my car without any neck pain.
<input type="checkbox"/> The pain is very mild at the moment.	<input type="checkbox"/> I can drive my car as long as I want with slight neck pain.
<input type="checkbox"/> The pain comes and goes and is moderate.	<input type="checkbox"/> I can drive my car as long as I want with moderate neck pain.
<input type="checkbox"/> The pain is fairly severe at the moment.	<input type="checkbox"/> I cannot drive my car as long as I want because of moderate neck pain.
<input type="checkbox"/> The pain is very severe at the moment.	<input type="checkbox"/> I can hardly drive at all because of severe neck pain.
<input type="checkbox"/> The pain is the worst imaginable at the moment.	<input type="checkbox"/> I cannot drive my car at all, because of neck pain.
PERSONAL CARE (Washing, Dressing, Etc)	HEADACHES
<input type="checkbox"/> I can look after myself normally without causing extra pain.	<input type="checkbox"/> I have no headaches at all.
<input type="checkbox"/> I can look after myself normally, but it causes extra pain.	<input type="checkbox"/> I have slight headaches which come infrequently.
<input type="checkbox"/> It is painful to look after myself and I am slow and careful.	<input type="checkbox"/> I have moderate headaches which come infrequently.
<input type="checkbox"/> I need some help, but I manage most of my personal care.	<input type="checkbox"/> I have moderate headaches which come frequently.
<input type="checkbox"/> I need help every day in most aspects of self care.	<input type="checkbox"/> I have severe headaches which come frequently.
<input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.	<input type="checkbox"/> I have headaches almost all the time.
LIFTING	SLEEPING
<input type="checkbox"/> I can lift heavy weights without extra pain.	<input type="checkbox"/> I have no trouble sleeping.
<input type="checkbox"/> I can lift heavy weights, but it causes extra pain.	<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless).
<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage when weights are conveniently positioned. (i.e. on a table)	<input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless).
<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.	<input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless).
<input type="checkbox"/> I can lift only very light weights.	<input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless).
<input type="checkbox"/> I can not lift or carry anything at all.	<input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).
READING	RECREATION
<input type="checkbox"/> I can read as much as I want with no neck pain.	<input type="checkbox"/> I am able to engage in all my recreational activities without neck pain.
<input type="checkbox"/> I can read as much as I want with slight neck pain.	<input type="checkbox"/> I am able to engage in all my usual activities with some neck pain.
<input type="checkbox"/> I can read as much as I want with moderate neck pain.	<input type="checkbox"/> I am able to engage in most, but not all of my usual recreational activities because of neck pain.
<input type="checkbox"/> I cannot read as much as I want because of moderate neck pain.	<input type="checkbox"/> I am only able to engage in a few usual activities because of neck pain.
<input type="checkbox"/> I can hardly read at all because of severe neck pain.	<input type="checkbox"/> I can hardly do any recreational activities because of neck pain.
<input type="checkbox"/> I cannot read at all because of neck pain.	<input type="checkbox"/> I cannot do any recreational activities at all.
CONCENTRATION	WORK
<input type="checkbox"/> I can concentrate fully when I want with no difficulty.	<input type="checkbox"/> I can do as much work as I want.
<input type="checkbox"/> I can concentrate fully when I want with slight difficulty.	<input type="checkbox"/> I can only do my usual work, but no more.
<input type="checkbox"/> I have a fair degree of difficulty concentrating when I want.	<input type="checkbox"/> I can only do most of my usual work, but no more.
<input type="checkbox"/> I have a lot of difficulty concentrating when I want.	<input type="checkbox"/> I cannot do my usual work.
<input type="checkbox"/> I have a great deal of difficulty concentrating when I want.	<input type="checkbox"/> I can hardly do any work at all.
<input type="checkbox"/> I cannot concentrate at all.	<input type="checkbox"/> I cannot do any work at all.