

Name \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

Instructions: Please mark the 1 box in each section that most closely describes your problem.

### Section 1-Pain intensity

- 1. I have no pain at the moment.
- 2. The pain is very mild at the moment.
- 3. The pain is moderate at the moment .
- 4. The pain is fairly severe at the moment. .
- 5. The pain is very severe at the moment.
- 6. The pain is the worst imaginable at the moment.

### Section 2-Personal care

- 1. I can look after myself without causing extra pain.
- 2. I can look after myself normally but it causes extra pain.
- 3. It is painful to look after myself and I am slow
- 4. I need some help, but manage most of my personal care.
- 5. I need help every day in most aspects of self care.
- 6. I do not get dressed, I wash with difficulty and stay in bed.

### Section 3-Lifting

- 1. I can lift heavy weights without extra pain.
- 2. I can lift heavy weights but it gives extra pain.
- 3. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned (on a table).
- 4 Pain prevents me from lifting heavy weights but I can manage light/moderate weights if they are conveniently positioned.
- 5 I can lift very light weights.
- 6 I cannot lift or carry anything at all.

### Section 4-Reading

- 1. I can read as much as I want to with no pain in my neck.
- 2. I can read as much as I want with slight pain in my neck.
- 3. I can read as much as I want with moderate pain in my neck.
- 4. I cannot read as much as I want because of moderate pain in my neck.
- 5. I cannot read as much as I want because of severe pain in my neck.
- 6. I can not read at all.

### Section 5- Headache

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

### Sections 6-Concentration

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

### Sections 7-Work

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

### Section 8- Driving

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

### Section 9-Sleeping

- 1. I have no trouble sleeping.
- 2. My sleep is slightly disturbed (less than one hour sleepless).
- 3. My sleep is a mildly disturbed (1-2 hours sleepless).
- 4. My sleep is moderately disturbed (2-3 hours sleepless).
- 5. My sleep the greatly disturbed (3-5 hours sleepless).
- 6. My sleep is completely disturbed (5-7 hours sleepless).

### Section 10- Recreation

- 1. I am able to engage in all recreational activities with no pain in my neck at all.
- 2. I am able to engage in all recreational activities with some pain in my neck.
- 3. I am able to engage in most, but not all recreational activities because of pain in my neck.
- 4. I have neck pain with most of my recreational activities.
- 5. I can hardly do any recreational activities because of pain in my neck.
- 6. I cannot do any recreational activities at all

**NECK**