

Please rate the severity of your neck pain by circling one number:

(No Pain) 0...1...2...3...4...5...6...7...8...9...10 (Excruciating pain)

This questionnaire is to help your doctor understand how your cervical pain has affected your ability to manage everyday life. **Please mark one of the boxes in each category which most closely describes your present-day situation.**

Section 1 – Pain Intensity

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I manage without having to take pain medication.
- Pain medication provides me complete relief from pain.
- Pain medication provides me moderate relief from pain.
- Pain medication provides me little relief from pain.
- Pain medication has no effect on the pain.

Section 2 – Personal Care (washing, dressing, etc.)

- I can look after myself normally with no extra pain.
- I can look after myself normally, but it is very painful.
- It is painful to look after myself; I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day with most aspects of my care.
- I don't get dressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me additional pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e. 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.

Section 4 - Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight neck pain.
- I can read as much as I want to with moderate neck pain.
- I cannot read as much as I want to due to moderate neck pain.
- I can hardly read at all because of severe neck pain.

Section 5 – Headaches

- I have no headaches at all.
- I have slight headaches that occur infrequently.
- I have moderate headaches that occur infrequently.
- I have frequent moderate headaches.
- I have frequent severe headaches.
- I have severe headaches all the time.

Section 6 – Concentration

- I can concentrate fully with no difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty in concentrating.
- I have a great deal of difficulty in concentrating.
- I cannot concentrate at all.

Section 7 – Work

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

Section 8 – Driving

- I can drive without any neck pain.
- I can drive as long as I want with slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can hardly drive because of severe pain in my neck.
- I cannot drive at all.

Section 9 – Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using medication.
- Even when I take meds, I have less than 6 hours of sleep.
- Even when I take meds, I have less than 4 hours of sleep.
- Even when I take meds, I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Section 10 - Recreation

- I am able to engage in all my recreational activities without neck pain.
- I am able to engage in all of my recreational activities, with some pain in my neck.
- I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- I am able to engage in a few of my usual recreational activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I cannot do any recreation activities at all.