

Patient Name: _____ Date: _____

<p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment. 	<p>Section 6 – Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally, but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help, but I manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed; I wash with difficulty and stay in bed.
<p>Section 2 – Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless). 	<p>Section 7 – Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (IE on a table). <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"/> I can only lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all.
<p>Section 3 – Reading</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can read as much as I want with no neck pain. <input type="checkbox"/> I can read as much as I want with slight neck pain. <input type="checkbox"/> I can read as much as I want with moderate neck pain. <input type="checkbox"/> I cannot read as much as I want because of moderate neck pain. <input type="checkbox"/> I can hardly read at all because of severe neck pain. <input type="checkbox"/> I cannot read at all because of neck pain. 	<p>Section 8 – Driving</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight neck pain. <input type="checkbox"/> I can drive my car as long as I want with moderate neck pain. <input type="checkbox"/> I cannot drive my car as long as I want because of moderate neck pain. <input type="checkbox"/> I can hardly drive at all because of severe neck pain. <input type="checkbox"/> I cannot drive my car at all because of neck pain.
<p>Section 4 – Concentration</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can concentrate fully when I want with no difficulty. <input type="checkbox"/> I can concentrate fully when I want with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty concentrating when I want. <input type="checkbox"/> I have a lot of difficulty concentrating when I want. <input type="checkbox"/> I have a great deal of difficulty concentrating when I want. <input type="checkbox"/> I cannot concentrate at all. 	<p>Section 9 – Recreation</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am able to engage in all my recreation activities without neck pain. <input type="checkbox"/> I am able to engage in all my usual recreation activities with some neck pain. <input type="checkbox"/> I am able to engage in most, but not all my usual recreation activities because of neck pain. <input type="checkbox"/> I am only able to engage in a few of my usual recreation activities because of neck pain. <input type="checkbox"/> I can hardly do any recreation activities because of neck pain. <input type="checkbox"/> I cannot do any recreation activities at all.
<p>Section 5 – Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can do as much work as I want. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can only do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all. 	<p>Section 10 – Headaches</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time.

Score: _____ out of 50. _____ % dysfunction. *(staff to complete)*