This questionnaire is designed to help us better understand how your neck pain affects your ability to manage every-life activities. Please mark in each section the **one box** that applies to you. Although you may consider that two of the statements relate to you, please mark the box that **most closely** describes your situation **this past month**.

Section 1: Pain Intensity

- o I have no pain at the moment
- o The pain is very mild at the moment
- o The pain is moderate at the moment
- o The pain is fairly severe at the moment
- o The pain is very severe at the moment
- o The pain is the worst imaginable at the moment

Section 2: Personal Care

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

Section 3: Lifting

- o I can lift heavy weights without extra pain
- o I can lift heavy weights but it gives me extra pain
- o Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table)
- Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- o I can only lift very light weights
- o I cannot lift or carry anything

Section 4: Work

- $\circ\,$ I can do as much work as I want
- o I can only do my usual work, but no more
- o I can do most of my usual work, but no more
- $\,\circ\,$ I can't do my usual work
- o I can hardly do any work at all
- o I can't do any work at all

Section 5: Headaches

- o I have no headaches at all
- o I have slight headaches that come infrequently
- o I have moderate headaches that come infrequently
- o I have moderate headaches that come frequently
- o I have severe headaches that come frequently
- o I have headaches almost all the time

Section 6: Concentration

- o I can concentrate fully without difficulty
- o I can concentrate fully with slight difficulty
- o I have a fair degree of difficulty concentrating
- o I have a lot of difficulty concentrating
- o I have a great deal of difficulty concentrating
- o I cant concentrate at all

Section 7: Sleeping

- o I have no trouble sleeping
- o My sleep is slightly disturbed for less than 1 hour
- o My sleep is mildly disturbed for up to 1-2 hours
- o My sleep is moderately disturbed for up to 2-3 hours
- o My sleep is greatly disturbed for 3-5 hours
- o My sleep is completely disturbed for up to 5-7 hours

Section 8: Driving

- o I can drive my car without neck pain
- o I can drive as long as I want with slight neck pain
- o I can drive as long as I want with moderate neck pain
- o I can't drive as long as I want because of moderate neck pain
- o I can hardly drive at all because of severe neck pain
- o I can't drive my car at all because of neck pain

Section 9: Reading

- o I can read as much as I want with no neck pain
- o I can read as much as I want with slight neck pain
- o I can read as much as I want with moderate neck pain
- o I can't read as much as I want because of moderate neck pain
- o I can't read as much as I want because of severe neck pain
- o I can't read at all

Section 10: Recreation

- o I have no neck pain during all recreational activities
- o I have some neck pain with a few recreational activities
- o I have neck pain with most recreational activities
- o I have some neck pain with all recreational activities
- o I can hardly do recreational activities due to neck pain
- o I can't do any recreational activities due to neck pain

Name:		Date:
Score:	[100]	Benchmark -5 =