Patient Name: _____

Date: _____

Please answer each section, marking only ONE box which best describes your status today.

Section 1- Pain Intensity

- \Box I have no pain at the moment.
- □ The pain is very mild at the moment.
- □ The pain is moderate at the moment.
- □ The pain is fairly severe at the moment.
- \Box The pain is very severe at the moment.
- □ The pain is the worst imaginable at the moment.

Section 2- Personal Care (Washing, dressing, etc.)

 \Box I can look after myself normally without causing extra pain.

□ I can look after myself normally but it causes me extra pain

 \Box It is painful to look after myself and I am slow and careful.

- □ I need some help but manage most of my personal care.
- \Box I need help every day in most aspects of self-care.
- □ I do not get dressed, 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 extra pain.

 \Box Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example 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- Headache

 \Box I have no headache at all.

□ I have slight headaches which come infrequently.

□ I have moderate headaches which come infrequently.

- $\hfill\square$ I have moderate headaches which come frequently.
- □ I have severe headaches which come frequently.

 $\hfill\square$ I have headaches almost all the time.

Section 5- Recreation

 \Box I am able to engage in all my recreational activities with no neck pain at all.

 \Box I am able to engage in all 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.

 \Box I can hardly do any recreational activities because of pain in my neck.

□ I can't do any recreational activities at all.

Section 6- 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 pain in my neck.

 $\hfill\square$ I can read as much as I want with moderate pain in my neck.

 \square I can't read as much as I want because of moderate pain in my neck.

□ I can hardly read at all because of severe pain in my neck. □ I cannot read at all.

Section 7- Work

 \square I can do as much as I want to.

- \Box I can only do my usual work but no more.
- \Box I can do most of my usual work, but no more.
- \Box I cannot do my usual work.
- \Box I can hardly do any work at all.
- \square I can't do any work at all.

Section 9- Sleeping

 \Box I have no trouble sleeping.

 \Box My sleep is slightly disturbed (less than 1 hour sleep loss).

- \Box My sleep is mildly disturbed (1-2 hour sleep loss).
- \Box My sleep is moderately disturbed (2-3 hours sleep loss).
- \square My sleep is greatly disturbed (3-5 hours sleep loss).
- \Box My sleep is completely disturbed (5-7 hours sleep loss).

Section 9- Concentration

□ I can concentrate fully when I want to with no difficulty. □ I can concentrate fully when I want to with slight

difficulty.

 $\hfill\square$ I have a fair degree of difficulty in concentrating when I want to.

- $\hfill\square$ I have a lot of difficulty in concentrating when I want to.
- \Box I have a great deal of difficulty in concentrating when I want to.

□ I cannot concentrate at all.

Section 10- Driving

□ I can drive my car without any neck pain.

 \Box I can drive my car as long as I want with slight pain in my neck.

 \Box I can drive my car as long as I want with moderate pain in my neck.

 \Box I can't drive my car as long as I want because of moderate pain in my neck.

 \Box I can hardly drive at all because of severe pain in my neck.

 \Box I can't drive my car at all.