

## Neck Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE ANSWER EVERY SECTION AND MARK ONLY ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PAIN RIGHT NOW.**

**NOT APPLICABLE**

### PAIN INTENSITY:

- |   |  |
|---|--|
| <input type="checkbox"/> I have no pain at the moment.        | <input type="checkbox"/> The pain is fairly severe at the moment.    |
| <input type="checkbox"/> The pain is very mild at the moment. | <input type="checkbox"/> The pain is very severe at the moment.      |
| <input type="checkbox"/> The pain is moderate at the moment.  | <input type="checkbox"/> Pain is the worst imaginable at the moment. |

### PERSONAL CARE:

- |  |  |
|--|--|
| <input type="checkbox"/> I can look after myself w/out causing extra pain.           | <input type="checkbox"/> I need some help but handle most of my personal care. |
| <input type="checkbox"/> I can look after myself normally, but it causes extra pain. | <input type="checkbox"/> I need help every day in most aspects of self care.   |
| <input type="checkbox"/> It's painful to look after myself, but I'm slow & careful.  | <input type="checkbox"/> I cannot look after myself at all because of pain.    |

### LIFTING:

- |  |   |
|--|---|
| <input type="checkbox"/> I can lift heavy weights without extra pain.  | <input type="checkbox"/> Pain prevents me from lifting heavy objects, but I can manage light-medium objects if conveniently positioned. |
| <input type="checkbox"/> I can lift heavy weights but it gives extra pain.   | <input type="checkbox"/> I can lift only very light weights.  |
| <input type="checkbox"/> Pain prevents me from lifting heavy objects, but I can manage if they're conveniently positioned. | <input type="checkbox"/> I cannot lift or carry anything at all.  |

### READING:

- |  |  |
|--|--|
| <input type="checkbox"/> I can read as much as I want with no pain in neck.  | <input type="checkbox"/> I cannot read as much as I want because of moderate pain. |
| <input type="checkbox"/> I can read as much as I want with slight neck pain. | <input type="checkbox"/> I can hardly read at all because of severe neck pain.     |
| <input type="checkbox"/> I can read as much as I want w/moderate neck pain.  | <input type="checkbox"/> I cannot read at all because of neck pain.                |

### HEADACHES:

- |   |   |
|---|---|
| <input type="checkbox"/> I have no headaches at all.                        | <input type="checkbox"/> I have moderate headaches which come frequently. |
| <input type="checkbox"/> I have slight headaches which come infrequently.   | <input type="checkbox"/> I have severe headaches which come frequently.   |
| <input type="checkbox"/> I have moderate headaches which come infrequently. | <input type="checkbox"/> I have headaches all the time.                   |

### CONCENTRATION:

- |   |   |
|---|---|
| <input type="checkbox"/> I can concentrate fully when I want to with no difficulty.     | <input type="checkbox"/> I have a slight degree of difficulty in concentrating. |
| <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. | <input type="checkbox"/> I have a great deal of difficulty in concentrating.    |
|   | <input type="checkbox"/> I cannot concentrate at all.                           |

**CONTINUED ON NEXT PAGE...**

**WORK:**

- I can do as much work as I want.
- I can only 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 at all.
- I cannot do any work at all.

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**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 cannot drive as long as I want because of moderate neck pain.
- I can hardly drive because of severe neck pain.
- I cannot drive at all because of neck pain.

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**SLEEPING:**

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).

- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

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**RECREATION:**

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities with some neck pain.
- I am able to engage in most, but not all because of neck pain.

- I am able to engage in a few of my usual recreation activities because of neck pain.
- I can hardly do any recreation activities because of neck pain.
- I cannot do any recreation activities at all.

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

SCORE: \_\_\_\_\_

*( Each answer corresponds to a specified point. I.E. first option = 1, second option = 2, etc.*



pain.

## Back Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE ANSWER EVERY SECTION AND MARK ONLY ONE CHOICE  
WHICH MOST CLOSELY DESCRIBES YOUR PAIN RIGHT NOW.**

**NOT APPLICABLE**

### PAIN INTENSITY:

- |  |   |
|--|---|
| <input type="checkbox"/> Pain comes and goes and is very mild. | <input type="checkbox"/> Pain is moderate and does not vary much. |
| <input type="checkbox"/> Pain is mild and does not vary much.  | <input type="checkbox"/> Pain comes and goes and is severe.       |
| <input type="checkbox"/> Pain comes and goes and is moderate.  | <input type="checkbox"/> Pain is severe and does not vary much.   |

### PERSONAL CARE:

- |  |  |
|--|--|
| <input type="checkbox"/> I can look after myself w/out causing extra pain.           | <input type="checkbox"/> Personal care increases pain and must change how I hand |
| <input type="checkbox"/> I can look after myself normally, but it causes extra pain. | <input type="checkbox"/> I need help every day in most aspects of self care.     |
| <input type="checkbox"/> It's painful to look after myself, but I manage to do it.   | <input type="checkbox"/> I cannot look after myself at all because of pain.      |

### LIFTING:

- |   |  |
|---|--|
| <input type="checkbox"/> I can lift heavy weights without extra pain.   | <input type="checkbox"/> Pain prevents me from lifting heavy objects, but I can<br>manage light-medium objects if conveniently positioned. |
| <input type="checkbox"/> I can lift heavy weights but it gives extra pain.  | <input type="checkbox"/> I can lift only very light weights.   |
| <input type="checkbox"/> Pain prevents me from lifting heavy objects, but I can<br>manage if they're conveniently positioned. | <input type="checkbox"/> I cannot lift or carry anything at all.   |

### WALKING:

- |  |  |
|--|--|
| <input type="checkbox"/> Pain does not prevent me from walking any distance. | <input type="checkbox"/> Pain prevents me from walking more than 1/4 mile.         |
| <input type="checkbox"/> Pain prevents me from walking more than 1 mile.     | <input type="checkbox"/> I can only walk using a cane or crutches.                 |
| <input type="checkbox"/> Pain prevents me from walking more than 1/2 mile.   | <input type="checkbox"/> I am in bed most of the time and have to crawl to toilet. |

### SITTING:

- |   |  |
|---|--|
| <input type="checkbox"/> I can sit in any chair as long as I like without pain. | <input type="checkbox"/> Pain prevents me from sitting more than 1/2 hr.     |
| <input type="checkbox"/> I can only sit in my favorite chair as long as I like. | <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. |
| <input type="checkbox"/> Pain prevents me from sitting more than 1 hr.          | <input type="checkbox"/> Pain prevents me from sitting at all.               |

### STANDING:

- |  |  |
|--|--|
| <input type="checkbox"/> I can stand as long as I want without pain.                             | <input type="checkbox"/> I cannot stand for longer than 1/2 hr without<br>increasing pain.     |
| <input type="checkbox"/> I have some pain while standing, but it does not<br>increase with time. | <input type="checkbox"/> I cannot stand for longer than 10 minutes<br>without increasing pain. |
| <input type="checkbox"/> I cannot stand for longer than 1 hr without increasing<br>pain.         | <input type="checkbox"/> Pain prevents me from standing at all.                                |

**CONTINUED ON NEXT PAGE...**

**SLEEPING:**

- |  |   |
|--|---|
| <input type="checkbox"/> I get no pain in bed.                           | <input type="checkbox"/> Pain is moderate and does not vary much. |
| <input type="checkbox"/> Pain does not prevent me from sleeping well.    | <input type="checkbox"/> Pain comes and goes and is severe.       |
| <input type="checkbox"/> Because of pain, my night's sleep is reduced by | <input type="checkbox"/> Pain is severe and does not vary much.   |

**SOCIAL LIFE:**

- |  |   |
|--|---|
| <input type="checkbox"/> My social life is normal & gives me no pain.          | <input type="checkbox"/> Pain has restricted my social life & I do not go out very often. |
| <input type="checkbox"/> My social life is normal, but increases pain.         | <input type="checkbox"/> Pain has restricted my social life to my home.                   |
| <input type="checkbox"/> My social life has been slightly limited due to pain. | <input type="checkbox"/> Pain prevents me from having a social life.                      |

**TRAVELING:**

- |  |  |
|--|--|
| <input type="checkbox"/> I get no pain while traveling.  | <input type="checkbox"/> I get extra pain while traveling which has forced me to seek alternative forms of travel. |
| <input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel make it worse.          | <input type="checkbox"/> Pain restricts all forms of travel.   |
| <input type="checkbox"/> I get extra pain while traveling, but does not compel me to seek alternative forms of travel. | <input type="checkbox"/> Pain prevents all forms of travel except that done lying down.                            |

**CHANGING DEGREE OF PAIN:**

- |  |   |
|--|---|
| <input type="checkbox"/> My pain is rapidly getting better.                                      | <input type="checkbox"/> My pain is neither getting better nor worse. |
| <input type="checkbox"/> My pain fluctuates, but overall is definitely getting better.           | <input type="checkbox"/> My pain is gradually worsening.              |
| <input type="checkbox"/> My pain seems to be getting better, but improvement is slow at present. | <input type="checkbox"/> My pain is rapidly worsening.                |

Additional comments: \_\_\_\_\_  
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**FOR OFFICE USE ONLY:**

SCORE: \_\_\_\_\_

*( Each answer corresponds to a specified point. I.E. first option = 1, second option = 2, etc.*

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