

Patient Name _____ Date _____ Score _____

Please read: Please complete this questionnaire. It is designed to enable us to understand how your **neck and/or shoulder pain/discomfort** has affected your ability to manage your everyday activities.

Please answer every question. Mark **only one answer** in each section that most closely describes you **today**.

<p>Section 1 - Pain Intensity A. I have no pain at the moment. B. The pain is mild at the moment. C. The pain is moderate at the moment. D. The pain is fairly severe at the moment. E. The pain is very severe at the moment. F. The pain is the worst imaginable at the moment.</p>	<p>Section 6 - Concentration A. I can concentrate fully when I want to with no difficulty. B. I can concentrate fully when I want to with slight difficulty. C. I have a fair degree of difficulty in concentrating when I want to. D. I have a lot of difficulty in concentrating when I want to. E. I have a great deal of difficulty in concentrating when I want to. F. I cannot concentrate at all.</p>
<p>Section 2 - Personal Care (washing, dressing, etc.) A. I can look after myself normally without causing pain. B. I can look after myself normally but it is painful. C. It is painful to look after myself and I am slow and careful. D. I need someone to help but manage most of my personal care. E. I need help every day in most aspects of self care. F. I do not get dressed, wash with difficulty and stay in bed.</p>	<p>Section 7 - Work A. I can do as much work as I want to. B. I can do my usual work, but no more. C. I can do most of my usual work, but no more. D. I cannot do my usual work. E. I can hardly do any work at all. F. I cannot do any work at all.</p>
<p>Section 3 - Lifting A. I can lift heavy objects weights without increase in symptoms. B. I can lift heavy weight, but it causes an increase in symptoms C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g on a table). D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E. I can only lift very light weights, at the most. F. I cannot lift or carry anything at all.</p>	<p>Section 8 - Driving A. I can drive my car without any symptoms. B. I can drive my car as long as I want with slight increase of symptoms. C. I can drive my car as long as I want with moderate symptoms. D. I cannot drive my car as long as I want because of symptoms. E. I can hardly drive at all because of severe symptoms. F. I cannot drive my car at all, symptoms unbearable.</p>
<p>Section 4 - Reading A. I can read as much as I want to with no symptoms. B. I can read as much as I want to with slight symptoms. C. I read as much as I want to with moderate increase of symptoms. D. I cannot read as much as I want because of moderate increase of symptoms. E. I cannot read because the print is too small, as much as I want because of severe increase of symptoms. F. I can not read at all, symptoms at their worse.</p>	<p>Section 9 - Sleeping A. I have no trouble sleeping. B. My sleep is slightly disturbed (less than 1 hour sleepless) C. My sleep is mildly disturbed (1-2 hours sleepless). D. My sleep is moderately disturbed (2-3 hours sleepless). E. My sleep is greatly disturbed (3-5 hours sleepless) F. My sleep is completely disturbed (5-7 hours/sleepless)</p>
<p>Section 5 - Headaches A. I have no headaches at all. B. I have slight headaches which come infrequently. C. I have moderate headaches which come infrequently. D. I have moderate headaches which come frequently. E. I have severe headaches which come frequently. F. I have headaches almost all the time. **ASK for a headache form**</p>	<p>Section 10 - Recreation A. I am able to engage in all of my recreational activities with no symptoms. B. I am able to engage in all of my recreational activities with some symptoms. C. I am able to engage in most, but not all of my recreational activities because of symptoms. D. I am able to engage in a few of my recreational activities because of symptoms. E. I can hardly do any recreational activities because of symptoms. F. I can not do any recreational activities at all, symptoms unbearable.</p>

Comments: _____