

NECK Pain and Disability Questionnaire

Rate the severity of your pain by circling one number: (No Pain) 0...1...2...3...4...5...6...7...8...9...10 (Excruciating Pain)

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Read through each section and check only ONE line that applies to you. You may find that two of the statements in a section relate to you, but please just check ONE line that best describes your current predicament.

Section 1– Pain Intensity

- 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.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Section 2– Personal Care (washing, dressing, etc.)

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

Section 3– Lifting

- I can lift heavy weight without extra pain.
- I can lift heavy weight but it causes extra pain.
- I cannot lift heavy weight off the floor, but I can manage if they are conveniently positioned like on a table.
- I cannot lift heavy weight, but I can manage light to medium weights if they are conveniently positioned.
- I cannot lift any weight due to neck pain.

Section 4– 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 neck pain.
- I can read as much as I want to with moderate neck pain.
- I cannot read as much as I want to due to moderate neck pain.
- I can hardly read at all because of severe neck pain.

Section 5– Headaches

- I have no headaches at all.
- I have slight headaches that occur infrequently.
- I have moderate headaches that occur infrequently.
- I have frequent moderate headaches.
- I have frequent severe headaches.
- I have severe headaches all the time.

Section 6- Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

Section 7- Work

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

Section 8- Driving

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight neck pain.
- I can drive my car as long as I want with moderate neck pain.
- I cannot drive my car as long as I want.
- I can hardly drive at all because of severe neck pain.
- I cannot drive my car at all.

Section 9- Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless)
- My sleep is mildly disturbed (1 hour sleepless)
- My sleep is moderately disturbed (2 to 3 hours sleepless)
- My sleep is greatly disturbed (4 to 5 hours sleepless)
- My sleep is completely disturbed (6 to 7 hours sleepless)

Section 10- Recreation

- I am able to engage in all my recreation activities with no neck pain.
- I am able to engage in all my recreation activities with some neck pain.
- I am able to engage in most, but not all of my usual recreation activities.
- I am able to engage in a few of my usual recreation activities.
- I can hardly do any recreation activities.
- I cannot do any recreation activities due to neck pain.

Patient Name (Print)

Patient Signature

Date

FOR OFFICE USE ONLY:

Total Points x 2 = _____
Disability Percentage Rating Scale