

NECK PAIN DISABILITY QUESTIONNAIRE

Name: _____ DOB: _____ Today's Date: _____

This questionnaire has been designed to give us information as to how your neck or arm pain is affecting your ability to manage in everyday life. Please answer by checking one box in each section for the statement which best applies to you. We realize you may consider that two of the statements in any one section apply but please mark only ONE box in each section which MOST CLOSELY describes your current condition.

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.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed; I 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.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, i.e. on the table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

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 pain** in my neck.
- I can read as much as I want to with **moderate** pain.
- I **can't** read as much as I want because of moderate pain.
- I cannot read at all because of pain.

Section 5 - HEADACHES

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have slight headaches which come frequently.
- I have moderate headaches which come infrequently.
- I have severe headaches which come frequently.
- I have headaches almost 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.
- I have a lot 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 hardly do any work at all.
- I can't do any work at all.

Section 8 - DRIVING

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

Section 9 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr sleepless).
- My sleep is moderately disturbed (1-2 hrs sleepless).
- My sleep is moderately disturbed (2-3 hrs sleepless).
- My sleep is greatly disturbed (3-4 hrs sleepless).
- My sleep is completely disturbed (5-7 hrs sleepless).

Section 10 - 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 pain in my neck.
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain.
- I can't do any recreation activities at all.

To be completed by provider - SCORE: Initial _____ %

Patient's Initial _____