

Patient Name: _____

Date of Birth: _____

Date of Appt: _____

Cervical Spine: Neck Pain and/or Arm Pain

Answer every question by placing an "X" in the box of the best answer.

Mark **only one** answer for each question.

01. Pain Intensity (mark only one 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.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

06. Concentration (mark only one box)

- I can concentrate fully when I want to, without difficulty.
- I can concentrate fully when I want to, with difficulty.
- I have a fair degree of difficulty in concentrating, when I want to.
- I have a lot of difficulty concentrating, when I want to.
- I have a great deal of difficulty concentrating, when I want to.
- I cannot concentrate at all.

02. Personal Care (mark only one box) (e.g. washing, dressing, etc)

- I can look after myself normally without it 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 everyday in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

07. Work (mark only one box)

- 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.

03. Lifting (mark only one box)

- 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. (e.g. on a table)
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. (e.g. on a table)
- I can lift only very light weights.
- I cannot lift or carry anything at all.

08. Driving (mark only one box)

- I can 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, with moderate pain in my neck.
- I can't drive my car as long as I want, because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

04. Reading (mark only one box)

- 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 in my neck.
- 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, because of pain in my neck.

09. Sleeping (mark only one box)

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

05. Headaches (mark only one box)

- I have no headaches at all.
- I have slight headaches, which come infrequently.
- I have moderate headaches, which come infrequently.
- I have moderate headaches, which come frequently.
- I have severe headaches, which come frequently.
- I have headaches almost all the time.

10. Recreation (mark only one box)

- I am able to engage in all of my recreational activities with no pain at all.
- I am able to engage in all of my recreational activities with some pain in my neck.
- I am able to engage in most, but not all, of my 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
- I can hardly do any recreational activities because of pain in my neck.
- I cannot do any recreational activities at all