

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.

<p>1 Pain Intensity (mark only one box)</p> <p><input type="checkbox"/> I have no pain at the moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> The pain is fairly severe at the moment.</p> <p><input type="checkbox"/> The pain is very severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment.</p>	<p>6 Concentration (mark only one box)</p> <p><input type="checkbox"/> I can concentrate fully when I want to, without difficulty.</p> <p><input type="checkbox"/> I can concentrate fully when I want to, with difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty in concentrating, when I want to.</p> <p><input type="checkbox"/> I have a lot of difficulty concentrating, when I want to.</p> <p><input type="checkbox"/> I have a great deal of difficulty concentrating, when I want to.</p> <p><input type="checkbox"/> I cannot concentrate at all.</p>
<p>2 Personal Care (mark only one box) (e.g. washing, dressing, etc)</p> <p><input type="checkbox"/> I can look after myself normally without it causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally, but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help, but manage most of my personal care.</p> <p><input type="checkbox"/> I need help everyday in most aspects of self care.</p> <p><input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.</p>	<p>7 Work (mark only one box)</p> <p><input type="checkbox"/> I can do as much work as I want to.</p> <p><input type="checkbox"/> I can only do my usual work, but no more.</p> <p><input type="checkbox"/> I can do most of my usual work, but no more.</p> <p><input type="checkbox"/> I cannot do my usual work.</p> <p><input type="checkbox"/> I can hardly do any work at all.</p> <p><input type="checkbox"/> I cannot do any work at all.</p>
<p>3 Lifting (mark only one box)</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights, but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned. (e.g. on a table)</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> I can lift only very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p>8 Driving (mark only one box)</p> <p><input type="checkbox"/> I can drive my car without any neck pain.</p> <p><input type="checkbox"/> I can drive my car as long as I want, with slight pain in my neck.</p> <p><input type="checkbox"/> I can drive my car as long as I want, with moderate pain in my neck.</p> <p><input type="checkbox"/> I cannot drive my car as long as I want, because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly drive at all because of severe pain in my neck.</p> <p><input type="checkbox"/> I cannot drive my car at all.</p>
<p>4 Reading (mark only one box)</p> <p><input type="checkbox"/> I can read as much as I want to, with no pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want to, with slight pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want to, with moderate pain in my neck.</p> <p><input type="checkbox"/> I can't read as much as I want, because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly read at all, because of severe pain in my neck.</p> <p><input type="checkbox"/> I cannot read at all, because of pain in my neck.</p>	<p>9 Sleeping (mark only one box)</p> <p><input type="checkbox"/> I have no trouble sleeping.</p> <p><input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless).</p> <p><input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless).</p> <p><input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless).</p> <p><input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless).</p> <p><input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).</p>
<p>5 Headaches (mark only one box)</p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches, which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches, which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches, which come frequently.</p> <p><input type="checkbox"/> I have severe headaches, which come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p>9 Recreation (mark only one box)</p> <p><input type="checkbox"/> I am able to engage in all of my recreational activities with no pain at all.</p> <p><input type="checkbox"/> I am able to engage in all of my recreational activities with some pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in most, but not all, of my recreational activities because of pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of pain in my neck</p> <p><input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck.</p> <p><input type="checkbox"/> I cannot do any recreational activities at all</p>