

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions: Please answer each section by circling ONLY ONE CHOICE that most closely describes how you are feeling right now.**

**Section 1: Pain Intensity**

- 0 No pain at the moment.
- 1 Pain is very mild at the moment.
- 2 Pain is moderate at the moment.
- 3 Pain is fairly severe at the moment.
- 4 Pain is very severe at the moment.
- 5 Pain is the worst imaginable at the moment.

**Section 2: Personal Care**

- 0 Can look after self normally without extra pain.
- 1 Can look after self normally with extra pain.
- 2 Painful to care for self – am slow and careful.
- 3 Need help but manage most self care.
- 4 Need help with most aspects of self care.
- 5 Do not dress, wash with difficulty, stay in bed.

**Section 3: Lifting**

- 0 Can lift heavy weights without extra pain.
- 1 Can lift heavy weights but gives extra pain.
- 2 Pain prevents lifting heavy weights off floor.
- 3 Pain prevents lifting heavy weights.
- 4 Can lift only very light weights.
- 5 Cannot lift or carry anything at all.

**Section 4: Reading**

- 0 Can read as desired with no neck pain.
- 1 Can read as desired with slight neck pain.
- 2 Can read as desired with moderate neck pain.
- 3 Cannot read, moderately severe neck pain.
- 4 Can hardly read at all due to severe neck pain.
- 5 Cannot read at all.

**Section 5: Headaches**

- 0 No headaches at all.
- 1 Slight headaches that come infrequently.
- 2 Moderate headaches that come infrequently.
- 3 Moderate headaches that come frequently.
- 4 Severe headaches that come frequently.
- 5 Headaches almost all the time.

**Section 6: Concentration**

- 0 Can concentrate fully with no difficulty.
- 1 Can concentrate fully with slight difficulty.
- 2 Fair degree of difficulty concentrating.
- 3 Much difficulty concentrating.
- 4 Great deal of difficulty concentrating.
- 5 Cannot concentrate at all.

**Section 7: Work**

- 0 Can do as much work as I want.
- 1 Can only do usual work but no more.
- 2 Can do most usual work but no more.
- 3 Cannot do usual work.
- 4 Can hardly do any work at all.
- 5 Cannot do any work at all.

**Section 8: Driving**

- 0 Can drive without any neck pain.
- 1 Can drive as desired with slight neck pain.
- 2 Can drive as desired with moderate neck pain.
- 3 Cannot drive w/ moderately severe neck pain.
- 4 Can hardly drive at all due to severe neck pain.
- 5 Cannot drive at all.

**Section 9: Sleeping**

- 0 No trouble sleeping.
- 1 Sleep is slightly disturbed (less than 1 hr).
- 2 Sleep is mildly disturbed (1-2 hrs).
- 3 Sleep is moderately disturbed (2-3 hrs).
- 4 Sleep is greatly disturbed (3-5 hrs).
- 5 Sleep is completely disturbed (5-7 hrs).

**Section 10: Recreation**

- 0 Able to do all activities with no neck pain.
- 1 Able to do all activities, slight neck pain.
- 2 Able to do most activities, moderate neck pain.
- 3 Few activities, moderately severe neck pain.
- 4 Hardly any activities due to neck pain.
- 5 Cannot engage in any activities at all.