

Please check the box that describes your neck during the past 4 weeks...

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

2) Personal care (e.g., washing, dressing)

- ☐ 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 take care of myself, and I am slow and careful
- ☐ I need some help, but I am able to manage most of my personal care
- ☐ I need help every day in most aspects of my care
- ☐ I do not get dressed, I wash with difficulty, and stay in bed

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, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift only very light weights
- ☐ I cannot lift or carry anything at all

4) Reading

- ☐ I can read as much as I want with no pain in my neck
- ☐ I can read as much as I want with slight pain in my neck
- ☐ I can read as much as I want with moderate pain in my neck
- ☐ I cannot 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

5) Headaches

- ☐ I have no headaches at all
- ☐ I have slight headaches which come infrequently
- ☐ I have moderate headaches which come frequently
- ☐ I have moderate headaches which come frequently
- ☐ I have severe headaches which come frequently
- ☐ I have headaches most of the time

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 lot of difficulty concentrating when I want to
- ☐ I have a great deal of difficulty in concentrating when I want to
- ☐ I cannot concentrate at all

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NECK EVALUATION FORM

NAME _____

S.O.C. _____ REF MD _____



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 cannot do any work at all

8) Driving

- ☐ I can drive my car without any neck pain
- ☐ I can drive my car as long as I want with moderate pain in my neck
- ☐ I cannot 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 cannot drive my car at all

9) Sleeping

- ☐ I have no trouble in sleeping
- ☐ My sleep is slightly disturbed
- ☐ My sleep is mildly disturbed
- ☐ My sleep is moderately disturbed
- ☐ My sleep is greatly disturbed
- ☐ My sleep is completely disturbed

10) Recreation

- ☐ I am able to engage in all my recreational activities with no neck pain at all
- ☐ I am able to engage in all my recreational activities with some neck pain
- ☐ I am able to engage in most, but not all, of my usual 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