

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 with 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

Continued on next page...



Office Use Only

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