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| **SECTION 1: PAIN INTENSITY** | **SECTION 6: CONCENTRATION** |
| [ ]  I have no pain at the moment. | [ ]  I can concentrate fully when I want to with no difficulty. |
| [ ]  The pain is very mild at the moment. | [ ]  I can concentrate fully when I want to with slight difficulty. |
| [ ]  The pain is moderate at the moment. | [ ]  I have a fair degree of difficulty in concentrating when I want to. |
| [ ]  The pain is fairly severe at the moment. | [ ]  I have a lot of difficulty in concentrating when I want to. |
| [ ]  The pain is very severe at the moment. | [ ]  I have a great deal of difficulty in concentrating when I want to. |
| [ ]  The pain is the worse imaginable at the moment. | [ ]  I cannot concentrate at all. |
| **SECTION 2: PERSONAL CARE (Washing, Dressing, etc.)** | **SECTION 7: WORK** |
| [ ]  I can look after myself normally without causing extra pain. | [ ]  I can do as much work as I want to. |
| [ ]  I can look after myself normally but it causes extra pain. | [ ]  I can only do mu usual work, but no more. |
| [ ]  It is painful to look after myself and I am slow and careful. | [ ]  I can do most of my usual work, but no more. |
| [ ]  I need some help but manage most of my personal care. | [ ]  I cannot do my usual work. |
| [ ]  I need help every day in most aspects of self-care. | [ ]  I can hardly do any work at all. |
| [ ]  I do not get dressed; I wash with difficulty and stay in bed. | [ ]  I can’t do any work at all. |
| **SECTION 3: LIFTING** | **SECTION 8: DRIVING** |
| [ ]  I can lift heavy weights without extra pain. | [ ]  I can drive my car without any neck pain. |
| [ ]  I can lift heavy weights but it gives extra pain.  | [ ]  I can drive my car as long as I want with slight pain my neck. |
| [ ]  Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.  | [ ]  I can drive my car as long as I want with moderate pain in my neck. |
| [ ]  Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.  | [ ]  I can’t drive my car as long as I want because of moderate pain in my neck. |
| [ ]  I can lift very light weights. | [ ]  I can hardly drive at all because of severe pain in my neck. |
| [ ]  I cannot lift or carry anything at all. | [ ]  I can’t drive my car at all. |
| **SECTION 4: READING** | **SECTION 9: SLEEPING** |
| [ ]  I can read as much as I want with no pain in neck. | [ ]  I have no trouble sleeping. |
| [ ] I can read as much as I want with slight pain in my neck. | [ ]  My sleep is slight disturbed (less than 1hr. sleeplessness). |
| [ ]  I can read as much as I want with moderate pain in my neck. | [ ]  My sleep is mildly disturbed (1-2hrs. sleeplessness). |
| [ ]  I can’t read as much as I want because of moderate pain in my neck. | [ ]  My sleep is moderately disturbed (2-3hrs. sleeplessness). |
| [ ]  I can hardly read at all because of severe pain in my neck.  | [ ]  My sleep is greatly disturbed (3-5hrs. sleeplessness). |
| [ ]  I cannot read at all. | [ ]  My sleep is completely disturbed (5-6hrs. sleeplessness). |
| **SECTION 5: HEADACHES** | **SECTION 10: RECREATION** |
| [ ]  I have no headaches at all. | [ ]  I am able to engage in all my recreation activities with no neck pain at all. |
| [ ]  I have slight headaches which come infrequently. | [ ]  I am able to engage in all my recreation activities with some pain in my neck. |
| [ ] I have moderate headaches which come infrequently. | [ ]  I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. |
| [ ]  I have moderate headaches which come frequently. | [ ]  I am able to engage in a few of my usual recreation activities because of pain in my neck. |
| [ ]  I have headaches almost all the time. | [ ]  I can hardly do any recreation activities because of pain in my neck. |
| [ ]  I have headaches all the time. | [ ]  I can’t do any recreation activities at all. |

**Pain Severity Scale:**  Rate the severity of your pain, 0 = no pain and 10= excruciating pain

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| [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 | [ ]  6 | [ ]  7 | [ ]  8 | [ ]  9 | [ ]  10 |

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| **SECTION 1: PAIN INTENSITY** | **SECTION 6: STANDING** |
| [ ]  The pain come and goes and is very mild. | [ ]  I can stand as long as I want without pain. |
| [ ]  The pain is mild and does not vary much. | [ ]  I have some pain on standing but it does not increase with time. |
| [ ]  The pain comes and goes and is moderate. | [ ]  I cannot stand for longer than one hr. without increasing pain. |
| [ ]  The pain is moderate and does not vary much.  | [ ]  I cannot stand for longer than ½ hr. without increasing pain. |
| [ ]  The pain comes and goes and is severe. | [ ]  I cannot stand for longer than 10 min. without increasing pain. |
| [ ]  The pain is severe and does not vary much. | [ ]  I avoid standing because it increases the pain straight away. |
| **SECTION 2: PERSONAL CARE** | **SECTION 7: SLEEPING** |
| [ ]  I would not have to change my way of washing or dressing in order to avoid pain. | [ ]  I get no pain in bed. |
| [ ]  I do not normally change my way of washing or dressing even though it causes some pain. | [ ]  I get pain in bed but it does not prevent me from sleeping well. |
| [ ]  Washing and dressing increase the pain but I manage not to change my way of doing it. | [ ]  Because of my pain my normal night’s sleep is reduced but less than ¼  |
| [ ]  Washing and dressing increase the pain and I find it necessary to change my way of doing it. | [ ]  Because of my pain my normal night’s sleep is reduced but less than ½.  |
| [ ]  Because of the pain I am unable to do some washing and dressing without help.  | [ ]  Because of my pain my normal night’s sleep is reduced but less than ¾.  |
| [ ]  Because of the pain I am unable to do any washing and dressing without help. | [ ]  Pain prevents me from sleeping at all. |
| **SECTION 3: LIFTING** | **SECTION 8: SOCIAL LIFE** |
| [ ]  I can lift heavy weights without extra pain. | [ ]  My social life is normal and gives me no pain. |
| [ ]  I can lift heavy weights but it gives extra pain.  | [ ]  My social life is normal but increases the degree of pain. |
| [ ]  Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.  | [ ]  Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing). |
| [ ]  Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.  | [ ]  Pain has restricted my social life and I do not go out very often. |
| [ ]  I can lift very light weights. | [ ]  Pain has restricted my social life to my home. |
| [ ]  I cannot lift or carry anything at all. | [ ]  I have hardly any social life because of the pain. |
| **SECTION 4: WALKING** | **SECTION 9: TRAVELLING** |
| [ ]  I have no pain on walking | [ ]  I get no pain whilst travelling. |
| [ ]  I have some pain on walking but it does not increase with distance.  | [ ]  I get some pain whilst travelling but none of my usual forms of travel make it any worse. |
| [ ]  I cannot walk more than one mile without increasing pain. | [ ]  I get extra pain whilst traveling but it does not compel me to seek alternative forms of travel. |
| [ ]  I cannot walk more than ½ mile without increasing pain.  | [ ]  I get extra pain whilst travelling which compels me to seek alternative forms of travel. |
| [ ]  I cannot walk more than ¼ mile without increasing pain. | [ ]  Pain restricts all forms of travel. |
| [ ]  I cannot walk at all without increasing pain.  | [ ]  Pain prevents all forms of travel except that done lying down. |
| **SECTION 5: SITTING** | **SECTION 10: CHANGING DEGREE OF PAIN** |
| [ ]  I can sit in any chair as long as I like without pain.  | [ ]  My pain is rapidly getting better.  |
| [ ]  I can sit only in my favorite chair as long as I like.  | [ ]  My pain fluctuates but overall is definitely getting better.  |
| [ ]  Pain prevents me from sitting more than 1 hour.  | [ ]  My pain seems to be getting better but improvement is slow at present. |
| [ ]  Pain prevents me from sitting more than ½ hour.  | [ ]  My pain is neither getting better nor worse. |
| [ ]  Pain prevents me from sitting for more than 10 minutes.  | [ ]  My pain is gradually worsening. |
| [ ]  I avoid sitting because it increases pain immediately.  | [ ]  My pain is rapidly worsening. |

**Pain Severity Scale:**  Rate the severity of your pain, 0 = no pain and 10= excruciating pain

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|  [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 | [ ]  6 | [ ]  7 | [ ]  8 | [ ]  9 | [ ]  10 |