

Neck Pain Disability Questionnaire

Patient Name: _____

Date: _____

This mandatory Medicare questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statement in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① I have no pain at the moment
- ② The pain is very mild at the moment
- ③ The pain is moderate at the moment
- ④ The pain is fairly severe at the moment
- ⑤ The pain is very severe at the moment
- ⑥ The pain is the worst imaginable at the moment

Personal Care

- ① I can look after myself normally without causing extra pain
- ② I can look after myself normally but it causes extra pain
- ③ It is painful to look after myself and I am slow and careful
- ④ I need some help but manage most of my personal care
- ⑤ I need help every day in most aspects of self care
- ⑥ I do not get dressed, I was with difficulty and stay in bed

Lifting

- ① I can lift heavy weights without extra pain
- ② I can lift heavy weights but it gives me extra pain
- ③ Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned
- ④ Pain prevents me from lifting heavy weights but I can manage medium weights if they are conveniently positioned
- ⑤ I can lift very light weights
- ⑥ I cannot lift or carry anything at all

Reading

- ① I can read as much as I want with no neck pain
- ② I can read as much as I want with slight neck pain
- ③ I can read as much as I want with moderate neck pain
- ④ I cannot read as much as I want due to moderate neck pain
- ⑤ I can hardly read at all due to severe neck pain
- ⑥ I cannot read at all

Headaches

- ① I have no headaches at all
- ② I have slight headaches which come infrequently
- ③ I have slight headaches which come frequently
- ④ I have moderate headaches which come infrequently
- ⑤ I have moderate headaches which come frequently
- ⑥ I have headaches almost all of the time

Concentration

- ① I can concentrate fully when I want to with no difficulty
- ② I can concentrate fully when I want to with slight difficulty
- ③ I have a fair degree of difficulty in concentrating when I want
- ④ I have a lot of difficulty in concentrating when I want
- ⑤ I have a great deal of difficulty in concentrating when I want
- ⑥ I cannot concentrate at all

Work

- ① I can do as much work as I want to
- ② I can only do my usual but no more
- ③ I can do most of my usual work but no more
- ④ I cannot do my usual work
- ⑤ I can hardly do any work at all
- ⑥ I cannot do any work at all

Driving

- ① I can drive my car without any neck pain
- ② I can drive my car as long as I want with slight neck pain
- ③ I can drive my car as long as I want with moderate neck pain
- ④ I cannot drive my car as long as I want because of moderate neck pain
- ⑤ I can hardly drive my car at all because of severe neck pain
- ⑥ I cannot drive my car at all

Sleeping

- ① I have no trouble sleeping
- ② My sleep is slightly disturbed (less than 1 hr sleepless)
- ③ My sleep is moderately disturbed (1-2 hrs sleepless)
- ④ My sleep is moderately disturbed (2-3 hrs sleepless)
- ⑤ My sleep is greatly disturbed (3-4 hrs sleepless)
- ⑥ My sleep is completely disturbed (5-7 hrs sleepless)

Recreation

- ① I am able to engage in all my recreation activities with no neck pain at all
- ② I am able to engage in all my recreation activities with some neck pain
- ③ I am able to engage in most but not all of my recreation activities due to neck pain
- ④ I am able to engage in a few of my usual recreation activities due to neck pain
- ⑤ I can hardly do any recreation due to neck pain
- ⑥ I cannot do any recreation activities at all