

If you have pain or difficulty that is concentrated in your neck or upper back, please feel free to assess your ability to function and need for treatment by using the scale below.

PAIN INTENSITY I have no pain at the moment <input type="checkbox"/> The pain is mild at the moment. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain is severe but comes and goes. <input type="checkbox"/> The pain is severe and does not vary much. <input type="checkbox"/>	CONCENTRATION I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all. <input type="checkbox"/>
PERSONAL CARE (washing, dressing etc.) I can look after myself without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help, but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed. <input type="checkbox"/>	RECREATION I am able to engage in all recreational activities with no pain in my neck at all. <input type="checkbox"/> I am able to engage in all recreational activities with some pain in my neck. <input type="checkbox"/> I am able to engage in most, but not all recreational activities because of neck pain. <input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of neck pain. <input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck. <input type="checkbox"/> I cannot do any recreational activities at all. <input type="checkbox"/>
LIFTING I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. <input type="checkbox"/>	DRIVING I can drive my car without neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. <input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly drive my car at all because of severe pain in my neck. <input type="checkbox"/> I cannot drive my car at all. <input type="checkbox"/>
READING I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want with slight pain in my neck. <input type="checkbox"/> I can read as much as I want with moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of severe pain in my neck. <input type="checkbox"/> I cannot read at all. <input type="checkbox"/>	SLEEPING I have no trouble sleeping <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless). <input type="checkbox"/>
HEADACHE I have no headaches at all. <input type="checkbox"/> I have slight headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come in-frequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time. <input type="checkbox"/>	WORK I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all. <input type="checkbox"/>

