

Name:		Age:		Date:	
SECTION 1 - Pain Intensity <input type="checkbox"/> A. I have no pain at the moment. <input type="checkbox"/> B. The pain is very mild at the moment. <input type="checkbox"/> C. The pain is moderate at the moment. <input type="checkbox"/> D. The pain is fairly severe at the moment. <input type="checkbox"/> E. The pain is very severe at the moment. <input type="checkbox"/> F. The pain is worst imaginable at the moment.			SECTION 6 - Concentration <input type="checkbox"/> A. I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> B. I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> C. I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> D. I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> E. I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> F. I cannot concentrate at all.		
SECTION 2 - Personal Care <input type="checkbox"/> A. I can look after myself normally without causing extra pain. <input type="checkbox"/> B. I can look after myself normally, but it causes extra pain. <input type="checkbox"/> C. It is painful to look after myself and I am slow and careful. <input type="checkbox"/> D. I need some help, but manage most of my personal care. <input type="checkbox"/> E. I need help every day in most aspects of self care. <input type="checkbox"/> F. I do not get dressed; I wash with difficulty and stay in bed.			SECTION 7 - Work <input type="checkbox"/> A. I can do as much work as I want to. <input type="checkbox"/> B. I can only do my usual work, but no more. <input type="checkbox"/> C. I can do most of my usual work, but no more. <input type="checkbox"/> D. I cannot do my usual work. <input type="checkbox"/> E. I can hardly do any work at all. <input type="checkbox"/> F. I cannot do any work at all.		
SECTION 3 - Lifting <input type="checkbox"/> A. I can lift heavy weights without extra pain. <input type="checkbox"/> B. I can lift heavy weights but it gives me extra pain. <input type="checkbox"/> C. Pain prevents me from lifting heavy weights off the floor. <input type="checkbox"/> D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned. <input type="checkbox"/> E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> F. I can only lift very light weights, at the most.			SECTION 8 - Driving <input type="checkbox"/> A. I can drive without any neck pain. <input type="checkbox"/> B. I can drive as long as I want with slight pain in my neck. <input type="checkbox"/> C. I can drive as long as I want with moderate pain in my neck. <input type="checkbox"/> D. I cannot drive as long as I want because of moderate pain in my neck. <input type="checkbox"/> E. I can hardly drive at all because of severe pain in my neck. <input type="checkbox"/> F. I cannot drive at all.		
SECTION 4 - Reading <input type="checkbox"/> A. I can read as much as I want to with no pain in my neck. <input type="checkbox"/> B. I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> C. I can read as much as I want to with moderate pain in my neck. <input type="checkbox"/> D. I cannot read as much as I want because of moderate pain in my neck. <input type="checkbox"/> E. I cannot read as much as I want because of severe pain in my neck. <input type="checkbox"/> F. I cannot read at all.			SECTION 9 - Sleeping <input type="checkbox"/> A. I have no trouble sleeping. <input type="checkbox"/> B. My sleep is slightly disturbed (less than 1 hr sleepless). <input type="checkbox"/> C. My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> D. My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> E. My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> F. My sleep is completely disturbed (5-7 hours).		
SECTION 5 - Headaches <input type="checkbox"/> A. I have no headaches at all. <input type="checkbox"/> B. I have slight headaches which come infrequently. <input type="checkbox"/> C. I have moderate headaches which come infrequently. <input type="checkbox"/> D. I have moderate headaches which come frequently. <input type="checkbox"/> E. I have severe headaches which come frequently. <input type="checkbox"/> F. I have headaches almost all the time.			SECTION 10 - Recreation <input type="checkbox"/> A. I am able to engage in all of my recreational activities with no neck pain at all. <input type="checkbox"/> B. I am able to engage in all of my recreational activities with some pain in my neck. <input type="checkbox"/> C. I am able to engage in most, but not all of my recreational activities because of pain in my neck. <input type="checkbox"/> D. I am able to engage in a few of my recreational activities because of pain in my neck. <input type="checkbox"/> E. I can hardly do any recreational activities because of pain in my neck. <input type="checkbox"/> F. I cannot do any recreational activities at all.		