

Please pick the response in each section that most closely describes your current pain level/ability.

**Section 1 – Pain Intensity**

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I manage without having to take pain medication.
- Pain medication provides me complete relief from pain.
- Pain medication provides me moderate relief from pain.
- Pain medication provides me little relief from pain.
- Pain medication has no effect on the pain.

**Section 2 – Personal Care (Washing, Dressing, etc.)**

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally, but it increases my pain.
- It is painful to take care of myself and I am slow and careful.
- I need 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, wash with difficulty and stay in bed.

**Section 3 – Lifting**

- I can lift heavy weights without increased pain.
- I can lift heavy weights, but it causes increased pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if weights are conveniently positioned, e.g., on a table.
- 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

**Section 4 - Reading**

- I can read as much as I want with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can hardly read at all because of severe neck pain.
- I cannot read at all.

**Section 5 - Headaches**

- I have no headaches at all.
- I have slight headaches, which come infrequently.
- I have moderate headaches, which come infrequently.
- I have moderate headaches, which come frequently.
- I have severe headaches, which come frequently.
- I have headaches all the time.

**Section 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 in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

**Section 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 can't do any work at all.

**Section 8 – Driving**

- I can drive without neck pain.
- I can drive as long as I want with slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can't drive as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I can't drive at all.

**Section 9 – Sleeping**

- I have no trouble sleeping.
- My sleep is slightly disturbed (< 1 sleepless hour).
- My sleep is mildly disturbed (1-2 sleepless hours).
- My sleep is moderately disturbed (2-3 sleepless hours).
- My sleep is greatly disturbed (3-5 sleepless hours).
- My sleep is completely disturbed (5-7 sleepless hours).

**Section 10 – Recreation**

- I can engage in all my usual recreation activities with no neck pain.
- I can engage in all my usual recreation activities with some neck pain.
- I can engage in most of, but not all, recreation activities because of neck pain.
- I can engage in a few of my usual recreation activities because of neck pain.
- I can hardly engage in my usual recreation activities because of neck pain.
- I am unable to engage in recreation activities.

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Comorbidities	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Multiple Treatment Areas	<input type="checkbox"/> Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI) <input type="checkbox"/> Obesity <input type="checkbox"/> Surgery for this problem <input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)	ICD Code:  _____