**Neck Pain Disability Questionnaire**

After Vernon & Mior, 1991, rev. 1/1/95

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark the *ONE* choice from *EACH GROUP* that best describes you.**

**PAIN INTENSITY:**

A. I have no pain at the moment.

B. The pain is very mild at the moment.

C. The pain is moderate at the moment

D. The pain is fairly severe at the moment.

E. The pain is very severe at the moment.

F. The pain is worst imaginable at the moment

**PERSONAL CARE:**

A. I can look after myself normally with causing extra pain

B. I can look after myself normally, but it causes extra pain.

C. It is painful to look after myself and am I am slow and careful.

D. I need some help, but manage most of my personal care.

E. I need help every day in most aspects of self-care.

F. I do not get dressed, I wash with difficulty, and I stay in bed.

**LIFTING:**

A. I can lift heavy objects without extra pain.

B. I can lift heavy objects, but it causes extra pain.

C. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently

positioned (ex: on a table).

D. Pain prevents me from lifting heavy objects, but I can manage light to medium weights if they area

conveniently positioned.

E. I can only lift very light weights.

F. I cannot lift or carry anything at all.

**READING:**

A. I can read as much as I want to with no pain in my neck.

B. I can read as much as I want to with slight pain my neck.

C. I can read as much as I want with moderate pain in my neck.

D. I cannot read as much as I want to because of my moderate neck pain.

E. I cannot read as much as I want because of severe pain in my neck.

F. I cannot read at all due to pain in my neck.

**HEADACHES:**

A. I have no headaches at all.

B. I have slight headaches that occur infrequently.

C. I have moderate headaches that occur infrequently.

D. I have moderate headaches that come frequently.

E. I have severe headaches which come frequently.

F. I have headaches almost all the time.

**Neck Pain Disability Questionnaire (continued)**

After Vernon & Mior, 1991, rev. 1/1/95

**CONCENTRATION:**

A. I can concentrate fully when I want to with no difficulty.

B. I can concentrate when I want to with slight difficulty.

C. I have a fair degree of difficulty in concentrating when I want to.

D. I have a lot of difficulty concentrating when I want to.

E. I have a great deal of difficulty concentrating when I want to.

F. I cannot concentrate at all.

**WORK:**

A. I can do as much work as I want to.

B. I can do my usual work, but no more.

C. I can do most of my usual work, but no more.

D. I cannot do my usual work.

E. I can hardly work at all.

F. I cannot do any work at all.

**DRIVING:**

A. I can drive my car without any neck pain.

B. I can drive in my car as long as I want with slight pain in my neck.

C. I can drive as long as I want with moderate pain in my neck.

D. I cannot drive as long as I want because of moderate pain in my neck.

E. I can hardly drive at all because of severe pain in my neck.

F. I cannot drive my car at all.

**SLEEPING:**

A. I have no trouble sleeping.

B. My sleep is slightly disturbed (less than 1 hour sleepless).

C. My sleep is mildly disturbed (1-2 hours sleepless).

D. My sleep is moderate disturbed (2-3 hours sleepless).

E. My sleep is greatly disturbed (3-5 hours sleepless).

F. My sleep is completely disturbed (5-7 hours sleepless).

**RECREATION:**

A. I am able to engage in all of my recreational activities with no neck pain at all.

B. I am able to engage in all my recreational activities with some pain.

C. I am able to engage in most, but not all of my usual recreational activities because of neck pain.

D. I am able to engage in few of my usual recreational activities because of pain in my neck.

E. I can hardly do any recreational activities because of pain in my neck.

F. I cannot do any recreational activities at all.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**