



BUFFALO SPINE SURGERY

Center For Excellence in Spine Care

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This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities. Please check the box for *the one statement* in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that *most closely* describes your present-day situation. Thank you.

Patient name _____

Date _____

Please check one box in each section.

Section 1–Pain Intensity

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

Section 2–Personal Care (washing, dressing, etc.)

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

Section 3–Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it gives me extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned—for example on a table.
- 3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can lift only very light weights.
- 5 I cannot lift or carry anything at all.

Section 4–Reading

- 0 I can read as much as I want to with no pain in my neck.
- 1 I can read as much as I want to with slight pain in my neck.
- 2 I can read as much as I want with moderate neck pain.
- 3 I can't read as much as I want because of moderate neck pain.
- 4 I can hardly read at all because of severe pain in my neck.
- 5 I cannot read at all.

Section 5–Headaches

- 0 I have no headaches at all.
- 1 I have slight headaches that come infrequently.
- 2 I have moderate headaches that come infrequently.
- 3 I have moderate headaches that come frequently.
- 4 I have severe headaches that come frequently.
- 5 I have headaches almost all the time.

Section 6–Concentration

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

Section 7–Work

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

Section 8–Driving

- 0 I can drive my car without any neck pain.
- 1 I can drive my car as long as I want with slight pain in my neck.
- 2 I can drive my car as long as I want with moderate pain in my neck.
- 3 I can't drive my car as long as I want because of moderate pain in my neck.
- 4 I can hardly drive at all because of severe pain in my neck.
- 5 I can't drive my car at all.

Section 9–Sleeping

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

Section 10–Recreation

- 0 I am able to engage in all my recreation activities with no neck pain at all.
- 1 I am able to engage in all my recreation activities, with some pain in my neck.
- 2 I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- 3 I am able to engage in a few of my recreation activities because of pain in my neck.
- 4 I can hardly do any recreation activities because of pain in my neck.
- 5 I can't do any recreation activities at all.

Score: _____ (50) Benchmark -5= _____