

# LOW BACK PAIN AND DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

Patient Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read instructions:**

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box which applies to you. We realize you may consider two of the statements in any one section relate to you, but just mark the box which most closely describes your problem.

**SECTION 1 - PAIN INTENSITY**

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- The pain is severe and does not vary much.

**SECTION 2 - PERSONAL CARE**

- I would not have to change my way of washing or dressing in order to avoid pain
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

**SECTION 3 - LIFTING**

- I can lift heavy weights without any extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they 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 only lift very light weights at the most.

**SECTION 4 - WALKING**

- I have no pain on walking.
- I have some pain on walking but it does not increase with distance.
- I cannot walk more than one mile without increasing pain.
- I can not walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

**SECTION 5 - SITTING**

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than half hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain straight away.

**SECTION 6 - STANDING**

- I can stand as long as I want without pain.
- I have some pain on standing but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand longer than 1/2 hour without increasing pain.
- I cannot stand longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain straight away.

**SECTION 7 - SLEEPING**

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal night s sleep is reduced by less than 1/4.
- Because of pain my normal night s sleep is reduced by less than 1/2.
- Because of pain my normal night s sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

**SECTION 8 - SOCIAL LIFE**

- My social life is normal and gives me no pain.
- My social is normal but increase the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

**SECTION 9 - TRAVELING**

- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of travel make it any worse.
- I get extra pain whilst traveling but it does not compel me to seek alternate forms of travel.
- I get extra pain whilst travelling which compels me to seek alternate forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

**SECTION 10 - CHANGING DEGREE OF PAIN.**

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

## Pain Scale:

Rate the Severity of your pain by checking one box on the following scale.

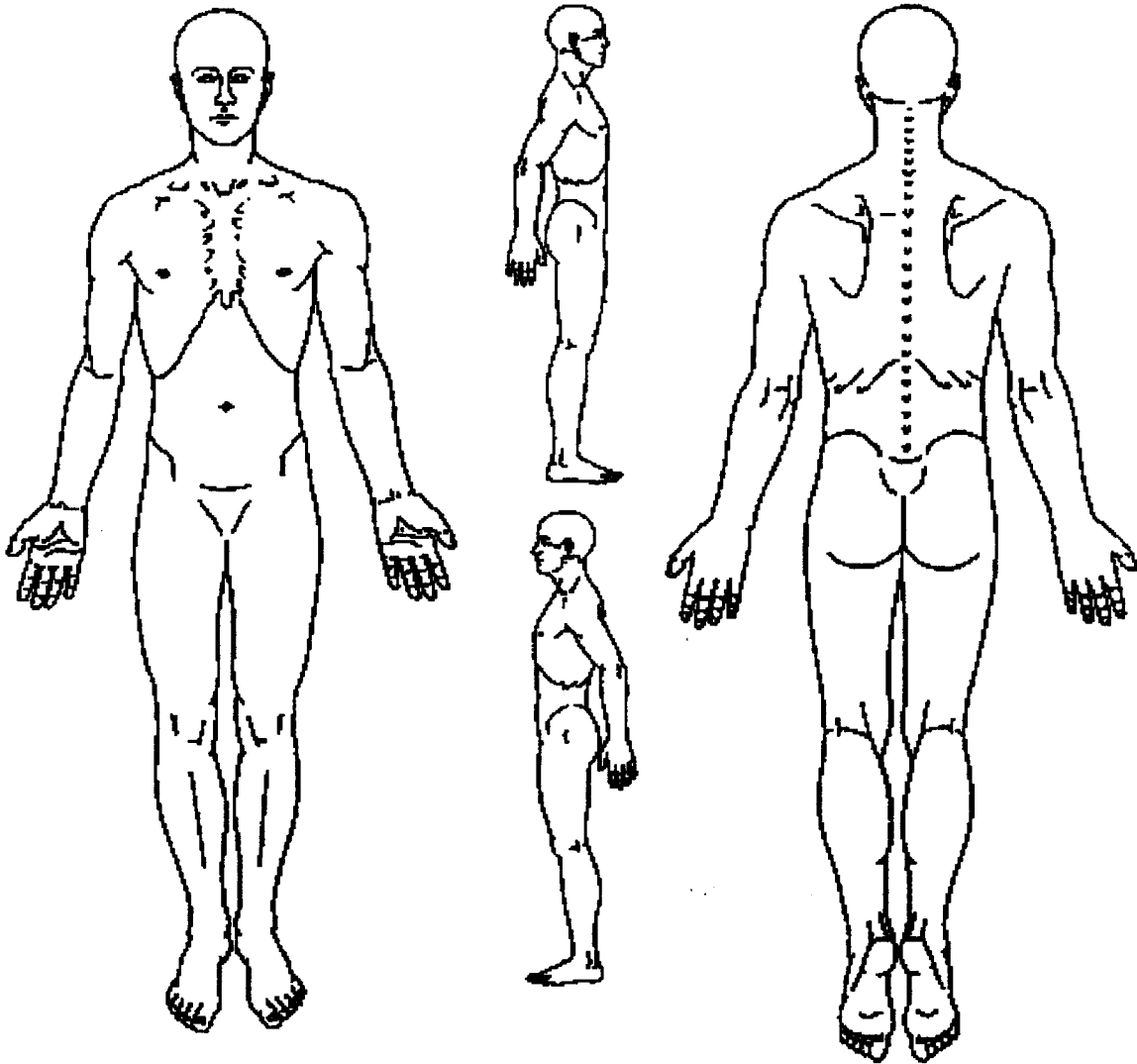
|                |   |   |   |   |   |   |   |   |   |    |                          |
|----------------|---|---|---|---|---|---|---|---|---|----|--------------------------|
| <b>No Pain</b> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | <b>Excruciating Pain</b> |
|----------------|---|---|---|---|---|---|---|---|---|----|--------------------------|

# LOW BACK PAIN AND DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

How long have you had back pain years \_\_\_\_\_ months \_\_\_\_\_ weeks

On the diagram below, please indicate where you are experiencing pain, right now.  
Please complete both sides of this form.



A = ACHE

P = PINS & NEEDLES

B =

BURNING

S=STABBING

N = NUMBNESS

O = OTHER

Please Read: This questionnaire is designed to enable us to understand how much your low back has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but Please just circle the one choice which closely **describe your problem right now.**

SECTION 1 - Pain Intensity

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

SECTION 2 - Personal Care

- A. I would not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increase the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increase the pain and I it necessary to change my way of doing it.
- E. Because of the pain, I am unable to do any washing and dressing without help.
- F. Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3 - Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
- E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F. I can only lift very light weights, at the most.

SECTION 4 - Walking

- A. Pain does not prevent me from walking any distance.
- B. Pain prevents me from walking more than one mile.
- C. Pain prevents me from walking more than one mile.
- D. Pain prevents me from walking more than 1/2 mile.
- E. I can only walk while using a cane or on crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - Sitting

- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than 1/2 hour.
- E. Pain prevents me from sitting more than ten minutes.
- F. Pain prevents me from sitting at all.

SECTION 6 - Standing

- A. I can stand as long as I want without pain
- B. I have some pain while standing, but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than 1/2 hour without increasing pain.
- E. I can t stand for more than 10 minutes without increasing pain.
- F. I avoid standing because it increases pain right away.

SECTION 7 - Sleeping

- A. I get no pain in bed.
- B. I get pain in bed, but it does not prevent me from sleeping.
- C. Because of pain , my normal night s sleep is reduced by less than one-quarter.
- D. Because of pain, my normal night s sleep is reduced by less than one-half.
- E. Because of pain, my normal night s sleep is reduced by less than three-quarters.
- F. Pain prevents me from sleeping at all.

SECTION 8 - Social life

- A. My social life is normal and gives me no pain.
- B. My social life is normal, but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D. Pain has restricted my social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. Pain prevents me from sleeping at all.

SECTION 9-Traveling

- A. I get no pain while traveling.
- B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms off travel.
- F. Pain prevents all forms of travel except that done lying down.

SECTION 10—Changing Degree of Pain

- A. My pain is rapidly getting better.
- B. My pain fluctuates, but overall is definitely getting better.
- C. My pain seems to be getting better, but improvement is slow at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

DISABILITY INDEX SCORE \_\_\_\_\_ %

# NECK PAIN AND DISABILITY INDEX (VERNON-MIOR)

Patient Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

## Please read instructions:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the **ONE** box which applies to you. We realize you may consider two of the statements in any one section relate to you, but Just mark the box which most closely describes your problem.

### SECTION 1 - PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is worse than imaginable at the moment.

### SECTION 2- PERSONAL CARE (Washing, Dressing, etc).

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

### SECTION 3- LIFTING

- I can lift heavy weights without any extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor but can manage if they are conveniently positioned 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 very light weights.
- I cannot lift or carry anything at all.

### SECTION 4 - READING

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

### SECTION 5 - HEADACHES

- I have no headache 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 almost 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.
- I can do only my usual work, but no more
- I can do most of my usual, but no more.
- I cannot do my usual work
- I can hardly work at all.
- I can't do any work at all.

### SECTION 8 - DRIVING

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

### SECTION 9 - SLEEPING

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

### SECTION 10- RECREATION

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

## Pain Scale:

Rate the Severity of your pain by checking one box on the following scale.

|         |   |   |   |   |   |   |   |   |   |    |                   |
|---------|---|---|---|---|---|---|---|---|---|----|-------------------|
| No Pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Excruciating Pain |
|---------|---|---|---|---|---|---|---|---|---|----|-------------------|

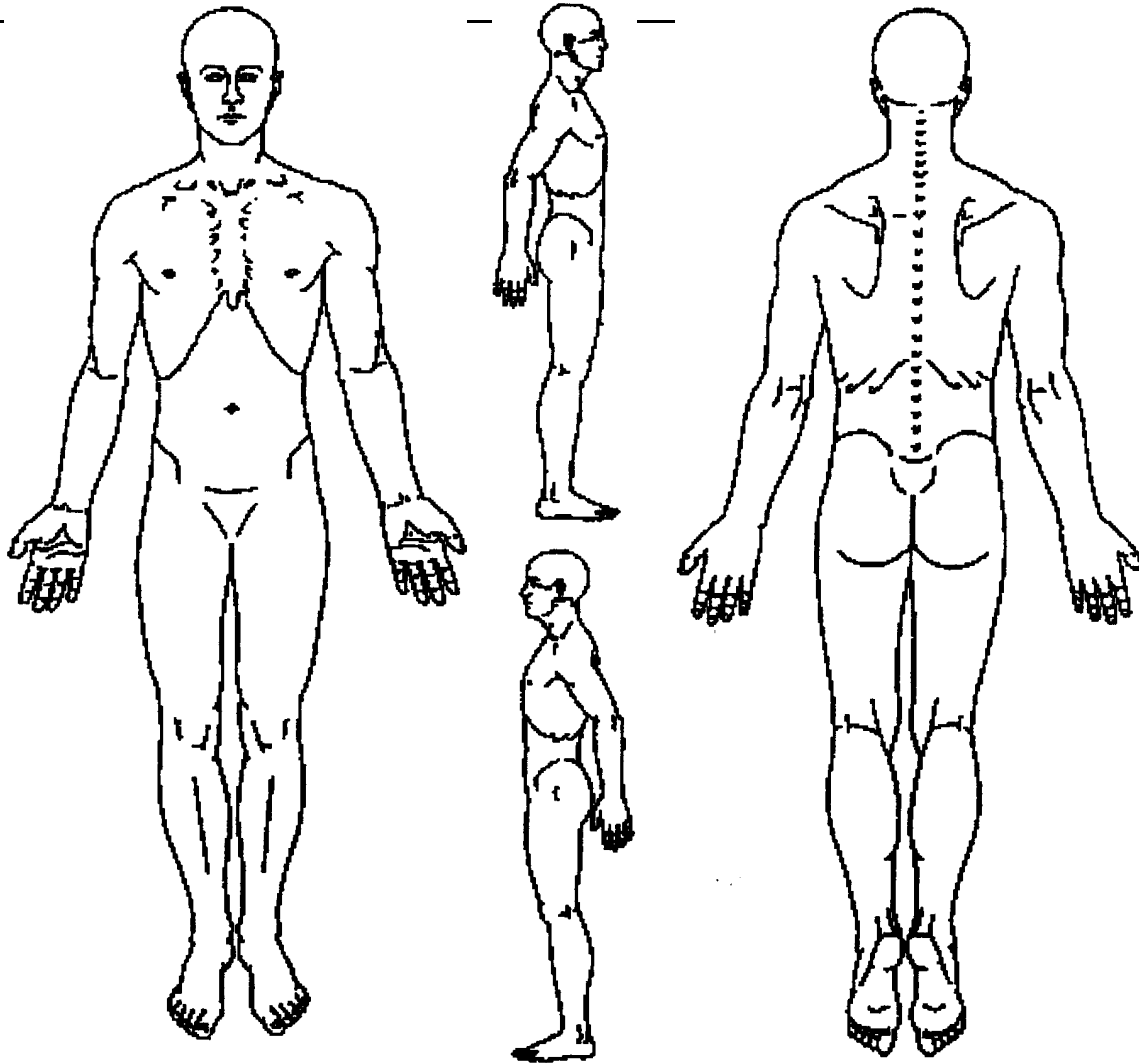
# THE NECK DISABILITY INDEX QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

How long have you had neck pain \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.



A = ACHE  
P = PINS & NEEDLES

B = BURNING  
S = STABBING

N = NUMBNESS  
O = OTHER

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities Please answer each Section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but Please Just circle the one choice which closely describes your problem *right now*.

**SECTION 1—Pain Intensity**

- A. I have no pain at the moment
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

**SECTION 2—Personal Care (Washing, Dressing etc.)**

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and 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 stay in bed.

**SECTION 3—Lifting**

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

**SECTION 4—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 with slight pain in 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 because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

**SECTION 5—Headache**

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come in-frequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

**SECTION 6— Concentration**

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully 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 in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

**SECTION 7—Work**

- A. I can do as much work as I want to.
- B. I can only 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 do any work at all.
- F. I cannot do any work at all.

**SECTION 8—Driving**

- A. I can drive my car without neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

**SECTION 9—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 moderately 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).

**SECTION 10—Recreation**

- A. I am able engage in all recreational activities with no pain in my neck at all.
- B. I am able engage in all recreational activities with some pain in my neck.
- C. I am able engage in most, but not all recreational activities because of pain in my neck.
- D. I am able engage in a 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 all all.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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(with permission from Fairbank J)

**DISABILITY INDEX** \_\_\_\_\_ %

# HEADACHE DISABILITY INDEX

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** Please **CIRCLE** the correct response:

1. I have headache: (1) 1 per month (2) more than 1 but less than 4 per month (3) more than one per week  
2. My headache is: (1) mild (2) moderate (3) severe

Please read carefully: The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

| YES   | SOMETIMES | NO    |      |  |
|-------|-----------|-------|------|--|
| _____ | _____     | _____ | E1.  | E1. Because of my headaches I feel handicapped.  |
| _____ | _____     | _____ | F2.  | F2. Because of my headaches I feel restricted in performing my routine daily activities.                               |
| _____ | _____     | _____ | E3.  | E3. No one understands the effect my headaches have on my life.  |
| _____ | _____     | _____ | F4.  | F4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches.                               |
| _____ | _____     | _____ | E5.  | E5. My headaches make me angry.  |
| _____ | _____     | _____ | E6.  | E6. Sometimes I feel that I am going to lose control because of my headaches.  |
| _____ | _____     | _____ | F7.  | F.7 Because of my headaches I am less likely to socialize.   |
| _____ | _____     | _____ | E8.  | E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches. |
| _____ | _____     | _____ | E9.  | E.9 My headaches are so bad that I feel that I am going to go insane.  |
| _____ | _____     | _____ | E10. | E.10 My outlook on the world is affected by my headaches.  |
| _____ | _____     | _____ | E11. | E11. I am afraid to go outside when I feel that a headache is starting.  |
| _____ | _____     | _____ | E12. | E12. I feel desperate because of my headaches.   |
| _____ | _____     | _____ | F13. | F.13 I am concerned that I am paying penalties at work or at home because of my headaches.                             |
| _____ | _____     | _____ | E14. | E.14 My headaches place stress on my relationships with family or friends.   |
| _____ | _____     | _____ | F15. | F15. I avoid being around people when I have a headache.   |
| _____ | _____     | _____ | F16. | F16. I believe my headaches are making it difficult for me to achieve my goals in life.                                |
| _____ | _____     | _____ | F17. | F17. I am unable to think clearly because of my headaches.   |
| _____ | _____     | _____ | F18. | F18. I get tense (eg, muscle tension) because of my headaches.   |
| _____ | _____     | _____ | F19. | F19. I do not enjoy social gatherings because of my headaches.   |
| _____ | _____     | _____ | E20. | E20. I feel irritable because of my headaches.   |
| _____ | _____     | _____ | F21. | F21. I avoid traveling because of my headaches.  |
| _____ | _____     | _____ | E22. | E22. My headaches make me feel confused.   |
| _____ | _____     | _____ | E23. | E23. My headaches make me feel frustrated.   |
| _____ | _____     | _____ | F24. | F24. I find it difficult to read because of my headaches.  |
| _____ | _____     | _____ | F25. | F25. I find it difficult to focus my attention away from my headaches and on other things.                             |

**Other Comments:** \_\_\_\_\_

With permission from: Jacobson GP, Ramadan, NM, et al. *The Henry Ford Hospital headache disability inventory (HDI)*. Neurology 1994;44:837-842.

## The Roland — Morris Low Back Pain and Disability

Patient name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

**Please read instructions:** when your back hurts, you may find it difficult to do some of the things you normally do. Mark only the sentences that describe you today.

- I stay at home most of the time because of my back.
- I change position frequently to try to get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back, I am not doing any jobs that I usually do around the house.
- Because of my back, I use a handrail to get upstairs.
- Because of my back, I lie down to rest more often.
- Because of my back, I have to hold on to something to get out of an easy chair.
- Because of my back, I try to get other people to do things for me.
- I get dressed more slowly than usual because of my back.
- I only stand up for short periods of time because of my back.
- I Because of my back, I try not to bend or kneel down.
- I find it difficult to get out of a chair because of my back.
- My back is painful almost all of the time.
- I find it difficult to turn over in bed because of my back.
- I My appetite is not very good because of my back.
- I have trouble putting on my sock (or stockings) because of the pain in my back.
- I can only walk short distances because of my back pain.
- I sleep less well because of my back.
- Because of my back pain, I get dressed with the help of someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of back pain, I am more irritable and bad tempered with people than usual.
- Because of my back, I go upstairs more slowly than usual.
- I stay in bed most of the time because of my back.

**Score:** \_\_\_\_\_ **Improvement:** \_\_\_\_\_ %

# COPENHAGEN NECK FUNCTIONAL DISABILITY SCALE

**THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY ACTIVITIES. IN RESPONSE TO EACH QUESTION, PLEASE MARK THE ONE BOX THAT APPLIES TO YOU.**

|  | YES                   | OCCASIONALLY          | NO                    |
|--|-----------------------|-----------------------|-----------------------|
| 1. CAN YOU SLEEP AT NIGHT WITHOUT NECK PAIN INTERFERING?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. CAN YOU MANAGE DAILY ACTIVITIES WITHOUT NECK PAIN REDUCING ACTIVITY LEVELS?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. CAN YOU MANAGE DAILY ACTIVITIES WITHOUT HELP FROM OTHERS?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. CAN YOU MANAGE PUTTING YOUR CLOTHES ON IN THE MORNING WITHOUT TAKING MORE TIME THAN USUAL?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. CAN YOU BEND OVER THE SINK TO BRUSH YOUR TEETH WITHOUT GETTING NECK PAIN?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. DO YOU SPEND MORE TIME THAN USUAL AT HOME BECAUSE OF YOUR NECK PAIN?                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. ARE YOU PREVENTED FROM LIFTING OBJECTS WEIGHING 5-10 POUNDS DUE TO NECK PAIN?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. HAVE YOU REDUCED YOUR READING ACTIVITY DUE TO NECK PAIN?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. HAVE YOU BEEN BOTHERED BY HEADACHES DURING THE TIME YOU HAVE HAD NECK PAIN?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. DO YOU FEEL THAT YOUR ABILITY TO CONCENTRATE IS REDUCED DUE TO NECK PAIN?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. ARE YOU PREVENTED FROM PARTICIPATING IN YOUR USUAL LEISURE TIME ACTIVITIES DUE TO NECK PAIN?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. DO YOU REMAIN IN BED LONGER THAN USUAL DUE TO NECK PAIN?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. DO YOU FEEL NECK PAIN HAS INFLUENCED YOUR EMOTIONAL RELATIONSHIP WITH YOUR FAMILY?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. HAVE YOU HAD TO GIVE UP SOCIAL CONTACT WITH OTHER PEOPLE DURING THE PAST TWO WEEKS DUE TO NECK PAIN? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. DO YOU FEEL THAT NECK PAIN WILL INFLUENCE YOUR FUTURE?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

SCORE \_\_\_\_\_ [30]      FOR QUESTIONS 1-5, SCORE 2 POINTS FOR "NO", 1 PT FOR "OCCASIONALLY", AND 0 PT. FOR "YES"  
 FOR QUESTIONS 6-15, SCORE 2 POINTS FOR "YES", 1 PT FOR "OCCASIONALLY", AND 0 PT. FOR "NO"

BENCHMARK - 4 = \_\_\_\_\_ [30]

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 THE COPENHAGEN NECK FUNCTIONAL DISABILITY SCALE A STUDY OF RELIABILITY AND VALIDITY. JMPT 1998; VOL 21. #8:320-27.

**QUADRUPLE VISUAL ANALOGUE SCALE**

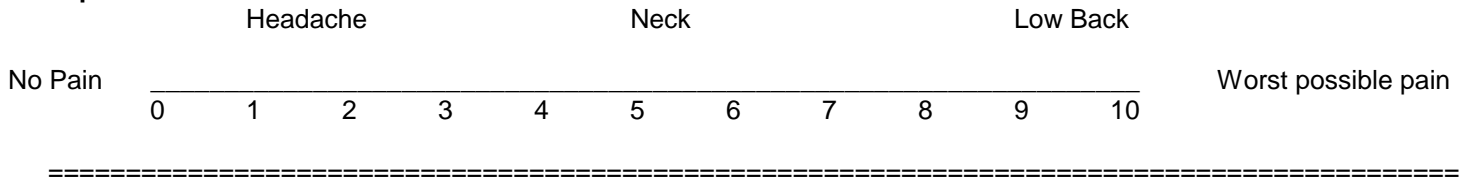
Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Please** read carefully:

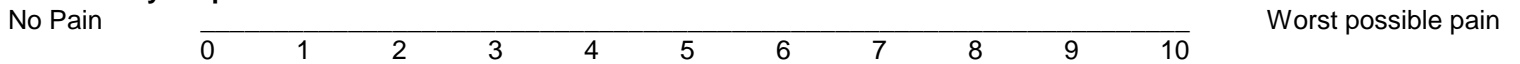
Instructions: Please circle the number that best describes the question being asked.

Note: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

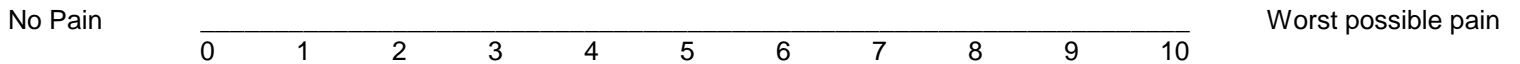
**Example:**



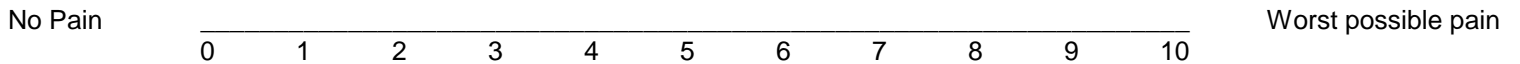
**1 - What Is your pain RIGHT NOW?**



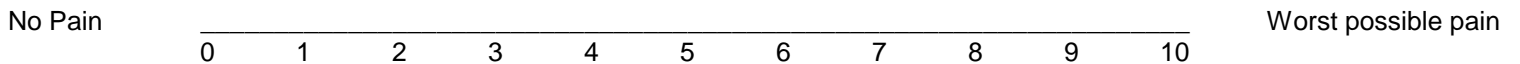
**2—What is your TYPICAL or AVERAGE pain?**



**3—What Is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?**



**4—What Is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?**



**OTHER COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Examiner

Reprinted from *Spine*, 18, Von Korff Deyo RA, Cherkin D, Barlow SF, Back pain in primary care: Outcomes at 1 year, 855-862, 1993, with permission from Elsevier Science.

# GENERAL PAIN INDEX QUESTIONNAIRE

We would like to know how much your pain **presently** prevents you from doing what you would normally do. Regarding each category, please indicate the **overall** impact your present pain has on your life, not just when the pain is at its worst.

Please **circle the number** which best describes how your typical level of pain affects these six categories of activities.

---

## 1 - FAMILY / AT HOME RESPONSIBILITIES SUCH AS YARD WORK, CHORES AROUND THE HOUSE OR DRIVING THE KIDS TO SCHOOL

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

---

## 2 - RECREATION INCLUDING HOBBIES, SPORTS OR OTHER LEISURE ACTIVITIES

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

---

## 3 - SOCIAL ACTIVITIES INCLUDING PARTIES, THEATER, CONCERTS, DINING OUT AND ATTENDING OTHER SOCIAL FUNCTIONS WITH FRIENDS

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

---

## 4 - EMPLOYMENT INCLUDING VOLUNTEER WORK AND HOMEMAKING TASKS

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

---

## 5 - SELF -CARE SUCH AS TAKING A SHOWER, DRIVING OR GETTING DRESSED

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

---

## 6 - LIFE -SUPPORT ACTIVITIES SUCH AS EATING AND SLEEPING

0      1      2      3      4      5      6      7      8      9      10  
Completely Able      Totally Unable  
To Function      To Function

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

Benchmark -5: \_\_\_\_\_