

NECK PAIN – Initial Visit

Name: _____ Date: _____

Please rate your pain level with activity, 0 being no pain and 10 being severe pain: _____

This survey is meant to help us obtain information regarding your current levels of discomfort and capability. **Please select the answers below that best apply.**

1. Pain Intensity

- (1) I have no pain at the moment.
- (2) The pain is very mild at the moment.
- (3) The pain is moderate at the moment.
- (4) The pain is fairly severe at the moment.
- (5) The pain is very severe at the moment.
- (6) The pain is the worse imaginable at the moment.

2. Personal Care (washing, dressing, etc)

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

3. Lifting

- (1) I can lift heavy weights without extra pain.
- (2) I can lift heavy weights but it gives me extra pain.
- (3) Pain prevents me from lifting heavy weights off the floor but I can manage if they are on a table.
- (4) Pain prevents me from lifting heavy weights but I can manage if they are conveniently placed.
- (5) I can lift only very light weights.
- (6) I cannot lift or carry anything at all.

4. Headache

- (1) I have no headaches at all.
- (2) I have slight headaches which come infrequently.
- (3) I have moderate headaches which come infrequently.
- (4) I have moderate headaches which come frequently.
- (5) I have severe headaches which come infrequently.
- (6) I have headaches almost all the time.

5. Recreation

- (1) I am able engage in all my recreational activities without pain.
- (2) I am able to engage in my recreational activities with some pain.
- (3) I am able to engage in most but not all of my usual recreational activities because of my neck pain.
- (4) I am able to engage in a few of my usual recreational activities with some neck pain.
- (5) I can hardly do any recreational activities because of neck pain.
- (6) I can't do any recreational activities at all.

6. Reading

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

7. Work

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

8. Sleeping

- (1) Pain does not prevent me from sleeping well.
- (2) My sleep is slightly disturbed (<1 hr sleep loss).
- (3) My sleep is mildly disturbed (1-2 hr sleep loss).
- (4) My sleep is moderately disturbed (2-3 hr sleep loss).
- (5) My sleep is greatly disturbed (3-4 hr sleep loss).
- (6) My sleep is completely disturbed (5-7 hr sleep loss).

9. Concentration

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

10. Driving

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

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Therapist Use Only

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

ICD9 Code:
