

# C E R V I C A L

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

**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 which most closely describes your problem *right now*.

## SECTION 1 – Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is mild at the moment.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain is severe but comes and goes.
- 5. The pain is severe and does not vary much.

## SECTION 2 – Personal Care (Washing, Dressing, etc.)

- 0. I can look after myself without causing extra pain.
- 1. I can look after myself normally but it causes extra pain.
- 2. It is painful to look after myself and 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 causes extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor but I can 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 very heavy 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 with slight pain in my neck.
- 2. I can read as much as I want with moderate pain in my neck.
- 3. I cannot read as much as I want because of moderate pain in my neck.
- 4. I cannot read as much as I want because of severe pain in my neck.
- 5. I cannot read at all.

## SECTION 5 – Headache

- 0. I have no headaches at all.
- 1. I have slight headaches which come frequently.
- 2. I have moderate headaches which come in-frequently.
- 3. I have moderate headaches which come frequently.
- 4. I have severe headaches which 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 cannot do any work at all.

## SECTION 8 – Driving

- 0. I can drive my car without 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 cannot drive my car as long as I want because of moderate pain in my neck.
- 4. I can hardly drive my car at all because of severe pain in my neck.
- 5. I cannot 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 recreational activities with no pain in my neck at all.
- 1. I am able to engage in all recreational activities with some pain in my neck.
- 2. I am able to engage in most, but not all recreational activities because of pain in my neck.
- 3. I am able to engage in a few of my usual recreational activities because of pain in my neck.
- 4. I can hardly do any recreational activities because of pain in my neck.
- 5. I cannot do any recreational activities at all.

**CERVICAL Index score:** \_\_\_\_\_ %

**PATIENT SIGNATURE:** \_\_\_\_\_

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