

# Optimal Performance Physical Therapy

## Northwick Park Neck Pain Questionnaire

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

**Please Read:** This questionnaire has been designed to give us information as to how Neck Pain has affected your ability to manage in everyday life. Please answer every section and mark in each section ONLY The ONE BOX which applies to you. We realize you may consider that two of the statements in any one section relate to you, BUT PLEASE MARK THE ONE BOX THAT MOST CLOSELY DESCRIBES YOUR PROBLEM.

### Section 1 - Pain Intensity:

- A. I have no pain at the moment.
- B. My pain is very mild at the moment.
- C. My pain is moderate at the moment.
- D. My pain is fairly severe at the moment.
- E. My pain is very severe at the moment.

### Section 2 - Pain and Sleeping

- A. My sleep is never disturbed by pain.
- B. My sleep is occasionally disturbed by pain.
- C. My sleep is regularly disturbed by pain.
- D. Because of pain I have less than 5 hours sleep in total.
- E. Because of pain I have less than 2 hours sleep in total.

### Section 3 - Pins, Needles or Numbness in Arms at Night

- A. I have no pins and needles or numbness at night.
- B. I have occasional pins and needles or numbness at night.
- C. My sleep is regularly disturbed by pins and needles or numbness.
- D. Because of pins and needles or numbness I have less than 5 hours sleep in total.
- E. Because of pins and needles or numbness I have less than 2 hours sleep in total.

### Section 4 - Duration of Symptoms

- A. My neck and arms feel normal all day.
- B. I have symptoms in my neck or arms on walking, which last less than one hour.
- C. Symptoms are present on & off for a total period of 1-4 hrs.
- D. Symptoms are present on & off for a total of more than 4 hrs.
- E. Symptoms are present continuously all day.

### Section 5 - Carrying

- A. I can carry heavy objects without extra pain.
- B. I can carry heavy objects, but they give me extra pain.
- C. Pain prevents me from carrying heavy objects, but I can manage medium weight objects.
- D. I can only lift light weight objects.
- E. I cannot lift anything at all.

### Section 6 - Reading and Watching TV

- A. I can do this as long as I wish with no problems.
- B. I can do this as long as I wish, if I'm in a suitable position.
- C. I can do this as long as I wish, but it causes extra pain.
- D. Pain causes me to stop doing this sooner than I would like.
- E. Pain prevents me from doing this at all.

### Section 7 - Working/Housework, Etc.

- A. I can do my usual work without extra pain.
- B. I can do my usual work, but it gives me extra pain.
- C. Pain prevents me from doing my usual work for more than half the usual time.
- D. Pain prevents me from doing my usual work for more than a quarter of the usual time.
- E. Pain prevents me from working at all.

### Section 8 - Social Activities

- A. My social life is normal and causes me no extra pain.
- B. My social life is normal but increases the degree of pain.
- C. Pain has restricted my social life, but I am still able to go out.
- D. Pain has restricted my social life to the home.
- E. I have no social life because of pain.

### Section 9 - Driving (if applicable)

- A. I can drive whenever necessary without discomfort.
- B. I can drive whenever necessary, but with discomfort.
- C. Neck pain or stiffness limits my driving occasionally.
- D. Neck pain or stiffness limits my driving frequently.
- E. I can not drive at all due to neck symptoms.

### Section 10 - Compared with the last time you answered this question, is your neck pain:

- A. Much better.
- B. Slightly better.
- C. The same.
- D. Slightly worse.
- E. Much worse