O'Briant Chiropractic Health Center Neck Pain Disability Questionnaire After Vernon & Mior, 1991, rev. 1/1/95

Nan	ne Date		
Pleas	se mark the ONE choice from EACH group that best describes yo		
PAIN	INTENSITY		
$\Box A$.	I have no pain at the moment.		
□ B.	The pain is very mild at the moment.		
\Box C.	The pain is moderate at the moment.		
\Box D.	The pain is fairy severe at the moment.		
□E.	The pain is very severe at the moment.		
\Box F.	The pain is worst imaginable at the moment.		
PERSONAL CARE			
\Box A.	I can look after myself normally without causing extra pain.		
$\square B$.	I can look after myself normally, but it causes extra pain.		
\square 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.		
LIFT	ING		
\Box A.	I can lift heavy weights without extra pain.		
$\square B$.	I can lift heavy weights, but it causes extra pain.		
□ C	Pain prevents me from lifting heavy weights off the floor, but I can manage if		
	they are conveniently positioned, for example, on a table.		
\Box D.	Pain prevents me from lifting heavy weights, but I can manage light to medium		
	weights if they are conveniently positioned.		
\Box E.	I can only lift very light weights.		
□F.	I cannot lift or carry anything at all.		
READ			
$\Box A$.	I can read as much as I want to with no pain in my neck.		
□ B.	I can read as much as I want to 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.		
	DACHES		
\Box A.	I have no headaches at all.		
□ B.	I have slight headaches which come infrequently.		
□C.	I have moderate headaches which come infrequently.		
□D.	I have moderate headaches which come frequently.		
□E.	I have severe headaches which come frequently.		
□F.	I have headaches almost all the time.		

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CON	CENTRATION	
\Box A.	I can concentrate fully when I want to with no difficulty.	
$\square B_{r}$	I can concentrate fully when I want to with slight difficulty	y.
\square C.	I have a fair degree of difficulty in concentrating when I w	ant to.
\Box D.	I have a lot of difficulty in concentrating when I want to.	
□E.	I have a great deal of difficulty concentrating when I want	to.
□F.	I cannot concentrate at all.	1
WOR	K	
\Box A.	I can do as much work as I want to	
□B.	I can only do my usual work, but no more.	
\Box C.	I can do most of my usual work, but no more.	
DD.	I cannot do my usual work.	
□E.	I can hardly do any work at all.	
□F.	I cannot do any work at all.	
DRIV		
$\Box A$.	I can drive my car without any neck pain.	
\Box B.	I can drive my car as long as I want with slight pain in my	neck.
$\square C$.	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	
□E.	I can hardly drive at all because of severe pain in my neck	. pain in ing neek.
\Box F.	I cannot drive my car at all.	•
SLEE		
\Box A.	I have no trouble sleeping.	
\Box B.	My sleep is slightly disturbed (less than 1 hour sleepless).	
\square C.	My sleep is midly 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).	* 1
□F.	My sleep is completely disturbed (5-7 hours sleepless).	
	REATION	
□ A.	I am able to engage in all of my recreational activities, with	no neck pain at all
□ B.	I am able to engage in all of my recreational activities, with	some neck pain at all.
□C.	I am able to engage in most, but not all of my usual recreat	ional activities because
	of pain in my neck.	ional activities occaus
□D.	I am able to engage in a few of my usual recreational activi	ities because of nain in
	my neck.	ities occause of pain if
□E.	I can hardly do any recreational activities because of pain i	n my nools
□F.	I cannot do any recreational activities at all.	ii iiiy neck.
- I	remnot do any recreational activities at all.	
Patie	nt Signature	Date