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NECK PAIN DRAWING

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Patient Name:		Date:								
Please be sure to fill thi described sensation(s). areas. You may draw i	s out extre Use the a n the head	mely accur ppropriate s for facial pa	rately. Ma symbol(s), i ain as well.	rk the area mark areas	on your boo of radiating	ly where y pain, and	ou feel th include a	e III affected		
Numbness	Pins & Needles	0000000	Burning Pain	XXXXXX	Stabbing Pain	//////////////////////////////////////		((((((((((
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			_	GUE SCAL						
Please mark on the line the pain level that most accurately represents your pain:										

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Right now:	No Pain											Unbearable
Average pain:	No Pain											Unbearable
At best/worst:	No Pain											Unbearable

NECK PAIN DISABILITY QUESTIONNAIRE

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your 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 MOST 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 is moderate at the moment.
- D The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- F The pain is the worst imaginable at the moment.

SECTION 2 - Personal Care

- A I can look after myself normally 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 manage if they are conveniently positioned, e.g., 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 to with slight pain in my neck.
- C I can read as much as I want to 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
- F I cannot read at all.

SECTION 5 - Headaches

- A I have no headaches at all.
- B I have slight headaches which come frequently.
- 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.

SECTION 6 - Concentration

- A I can concentrate fully when I want to with no difficulty.
- 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.
- 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

- A I can do as much work as I want to.
- 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.
- 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 any neck pain.
- I can drive my car as long as I want with slight neck pain.
- C I can drive my car as long as I want with moderate neck pain.
- D I cannot drive my car as long as long as I want because of moderate neck pain.
- E I can hardly drive my car at all because of severe neck pain.
- F I cannot drive my care 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 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.
- C I am able to engage in most, but not all of my recreational activities because of neck pain.
- D I am able to engage in a few of my recreational activities because of neck pain.
- E I can hardly do any recreational activities because of neck pain.
- F I cannot do any recreational activities at all.

Comments:				
Signature:	Date:	Score:		