

NECK DISABILITY

P.O.S.T. / W.B.D.

Name: _____

Date: _____

Please Read: This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and **mark in each section only the box that applies to you.** We realize you may consider that two or more statements in any one section relate to you, but please just mark the one box that most closely describes your problem.

Pain Intensity:

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Personal Care:

- I can look after myself normally w/out causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I don't get dressed, I wash with difficulty and stay in bed

Lifting:

- I can lift heavy weights w/out extra pain.
- I can lift heavy weights but gives me extra pain.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed (ex. Table) .
- Pain prevents me from lifting very heavy weights but I can Manage light to medium weights if they are conveniently positioned.
- I can only lift very light weight
- I cannot lift or carry anything.

Work:

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

Driving:

- I can drive my car w/out any neck pain.
- I can drive my car as long as I want w/slight pain in my neck.
- I can drive my car as long as I want w/moderate pain in my neck.
- I can't drive my car as long as I want because of moderate pain.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

Reading:

- I can read as much as I want to w/no pain in my neck.
- I can read as much as I want to w/slight pain in my neck.
- I can read as much as I want w/moderate pain in my neck.
- I can't read as much as I want b/c of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

Headaches:

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

Concentration:

- I can concentrate fully when I want to w/no difficulty.
- I can concentrate fully when I want to w/slight difficulty.
- I have 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.

Sleeping:

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr. sleepless)
- My sleep is mildly disturbed (1 - 2 hrs sleepless)
- My sleep is moderately disturbed (2 - 3 hrs sleepless)
- My sleep is greatly disturbed (3 - 5 hrs sleepless)
- My sleep is completely disturbed (5 - 7 hrs sleepless)

Recreation:

- I am able to engage in all my recreation activities w/no neck pain
- I am able to engage in all my recreation activities w/some pain
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain.
- I can't