



LUDWIG CHIROPRACTIC CENTER, PS

Neck pain questionnaire: 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 choice which closely describes your problem right now.

Section 1: Pain Intensity
Section 2: Personal Care (washing, dressing, etc.)
Section 3: Lifting
Section 4: Reading
Section 5: Headaches
Section 6: Concentration
Section 7: Work
Section 8: Driving
Section 9: Sleeping
Section 10: Recreation

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Score \_\_\_\_\_