**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please place a **mark (X)** in the box that ­­describes how much **difficulty** you had **over the past week** for each of the activities listed below **because of your neck**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No difficulty****https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTR_XWmsYrcGWkly_QJyoqJcDvggagtmC51o7ObVbzuzv13SNEdGA** | A little difficulty | Moderate difficulty | A lot of difficulty  | Extreme difficulty | **Unable to do at all****http://1.bp.blogspot.com/-hzVOEYuxFqQ/TnLLHT6k8UI/AAAAAAAAAOA/38efJUNOhsQ/s1600/Unhappy+face.jpg** |
| Get washed and dressed |  |  |  |  |  |  |
| Lift and carry heavy things |  |  |  |  |  |  |
| Read (a book or electronic device) |  |  |  |  |  |  |
| Do my usual work |  |  |  |  |  |  |
| Go for long drives (in a car, bus, train or other transportation) |  |  |  |  |  |  |
| Do my usual recreation or sports |  |  |  |  |  |  |
| Concentrate on tasks |  |  |  |  |  |  |
| Sleep in my usual position |  |  |  |  |  |  |
| Place something on a high shelf  |  |  |  |  |  |  |
| Do overhead work  (like change light bulbs, wash walls) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Are there things you want to share about difficulties you have because of your neck pain? |

The ND10 MacDermid 2017