**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** (book, paper, tablet, computer or phone) |  |  |  |  |  |  |
| **Do my usual work** |  |  |  |  |  |  |
| **Drive or ride** (car, bus, train, bicycle or other) |  |  |  |  |  |  |
| **Do my usual recreation or sports** |  |  |  |  |  |  |
| **Concentrate on tasks** |  |  |  |  |  |  |
| **Sleep** |  |  |  |  |  |  |
| **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 2018