

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 	A little difficulty	Moderate difficulty	A lot of difficulty	Extreme difficulty	Unable to do at all 
Get washed and dressed						
Lift and carry heavy things						
Read (book, paper, tablet, computer or hone)						
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)						
Item score value	0	1	2	3	4	5
Column Total						
TOTAL SCORE (see below)						

Are there things you want to share about difficulties you have because of your neck pain?
 No score qualitative

The Total ND10 Score is out of 100 and can be computed as the sum of the 10 items X 2. The score can be computed as a % of the answered items when item(s) are missing e.g. when 1 item missing - sum/45 X 100%