



## HEADACHE QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your 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 MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><b><u>SECTION 1 - Pain Intensity</u></b></p> <p>A I have no pain at the moment.          B The pain is very mild at the moment.          C The pain is moderate at the moment.          D The pain is fairly severe at the moment.          E The pain is very severe at the moment.          F The pain is the worst imaginable at the moment.</p>	<p><b><u>SECTION 6 - Work</u></b></p> <p>A I can do as much work as I want to.          B I can only do my usual work, but no more.          C I can do most of my usual work, but no more.          D I cannot do my usual work.          E I can hardly do any work at all.          F I cannot do any work at all.</p>
<p><b><u>SECTION 2 -Personal Care (Washing, Dressing, etc.)</u></b></p> <p>A I can look after myself normally without causing extra pain.          B I can look after myself normally, but it causes extra pain.          C It is painful to look after myself and I am slow and careful.          D I need some help, but manage most of my personal care.          E I need help every day in most aspects of self care.          F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><b><u>SECTION 7 - Concentration</u></b></p> <p>A I can concentrate fully when I want to with no difficulty.          B I can concentrate fully when I want to with slight difficulty.          C I have a fair degree of difficulty in concentrating when I want to.          D I have a lot of difficulty in concentrating when I want to.          E I have a great deal of difficulty in concentrating when I want to.          F I cannot concentrate at all.</p>
<p><b><u>SECTION 3 - Changing Degree of Pain</u></b></p> <p>A My pain is rapidly getting better.          B My pain fluctuates, but overall is definitely getting better.          C My pain seems to be getting better, but improvement is slow at present.          D My pain is neither getting better nor worse.          E My pain is gradually worsening.          F My pain is rapidly worsening.</p>	<p><b><u>SECTION 8 - Sleeping</u></b></p> <p>A I have no trouble sleeping.          B My sleep is slightly disturbed (less than 1 hour sleepless).          C My sleep is mildly disturbed (1-2 hours sleepless).          D My sleep is moderately disturbed (2-3 hours sleepless).          E My sleep is greatly disturbed (3-5 hours sleepless).          F My sleep is completely disturbed (5-7 hours)</p>
<p><b><u>SECTION 4 - Reading</u></b></p> <p>A I can read as much as I want to with no pain.          B I can read as much as I want to with slight pain.          C I can read as much as I want to with moderate pain.          D I cannot read as much as I want because of moderate pain.          E I cannot read as much as I want because of severe pain.          F I cannot read at all.</p>	<p><b><u>SECTION 9 - Driving</u></b></p> <p>A I can drive my car without any pain.          B I can drive my car as long as I want with slight pain.          C I can drive my car as long as I want with moderate pain.          D I cannot drive my car as long as I want because of moderate pain.          E I can hardly drive at all because of severe pain.          F I cannot drive my car at all.</p>
<p><b><u>SECTION 5 - Social Life</u></b></p> <p>A My social life is normal and gives me no pain.          B My social life is normal, but increases the degree of my pain.          C Pain has no significant effect on my social life apart from limiting my more energetic interests, My e.g., dancing, etc.          D Pain has restricted my social life and I do not go out very often.          E Pain has restricted my social life to my home.          F I have hardly any social life because of the pain.</p>	<p><b><u>SECTION 10 - Recreation</u></b></p> <p>A I am able to engage in all of my recreational activities with no pain at all.          B I am able to engage in all of my recreational activities with some pain.          C I am able to engage in most, but not all of my recreational activities because of pain.          D I am able to engage in a few of my recreational activities because of pain.          E I can hardly do any recreational activities because of pain.          F I cannot do any recreational activities at all.</p>

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_