

No Pain

## MADISON SPORTS INJURY & REHABILITATION

Give your body the attention it deserves!

## **Neck Pain And Disability Questionnaire (Vernon-Minor)**

Patient Name:	Date:
	r information as to how your neck pain has affected your ability to manage ly ONE box, which applies to you. We realize you may consider that two ox, which most closely describes your problem.
I have no pain at the moment  ☐ The pain is very mild at the moment ☐ The pain is moderate at the moment ☐ The pain is fairly severe at the moment ☐ The pain is very severe at the moment ☐ The pain is the worst imaginable at the moment	SECTION 6 – CONCENTRATION  I can concentrate fully when I want to with no difficulty  I can concentrate fully when I want to with slight difficulty  I have a fair degree of difficulty in concentrating when I want to  I have a lot of difficulty in concentrating when I want to  I have a great deal of difficulty in concentrating when I want to  I cannot concentrate at all
I can look after myself normally without causing extra pain I can look after myself normally but it causes extra pain I can look after myself normally but it causes extra pain It is painful to look after myself and I am slow and careful I need some help but manage most of my personal care I need help every day in most aspects of self care I do not get dressed, I wash with difficulty and stay in bed	SECTION 7 – WORK  I can do as much work as I want to I can only do my usual work, but no more I can do most of my usual work, but no more I cannot do my usual work I can hardly do any work at all I can't do any work at all
I can lift heavy weights without extra pain  I can lift heavy weights but it gives extra pain  Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table  Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned  I can lift very light weights  I cannot lift or carry anything at all	SECTION 8 - DRIVING  ☐ I can drive my car without any neck pain ☐ I can drive my car as long as I want to with slight pain in my neck ☐ I can drive my car as long as I want to with moderate pain in my neck ☐ I can't drive my car as long as I want to because of moderate pain in my neck ☐ I can hardly drive at all because of severe pain in my neck ☐ I can't drive my car at all
I can read as much as I want to with no pain in my neck  I can read as much as I want to with slight pain in my neck  I can read as much as I want to with moderate pain in my neck  I can't read as much as I want to because of moderate pain in my neck  I can hardly read at all because of severe pain in my neck	SECTION 9 – SLEEPING  ☐ I have no trouble sleeping ☐ My sleep is slightly disturbed (less than 1 hour sleepless) ☐ My sleep is mildly disturbed (1-2 hours sleepless) ☐ My sleep is moderately disturbed (2-3 hours sleepless) ☐ My sleep is greatly disturbed (3-5 hours sleepless) ☐ My sleep is completely disturbed (5-7 hours sleepless)
□ I cannot read at all  SECTION 5 – HEADACHES □ I have no headaches at all □ I have slight headaches which come infrequently □ I have moderate headaches which come infrequently □ I have slight headaches which come frequently □ I have severe headaches which come frequently □ I have headaches almost all the time	SECTION 10 – RECREATION  ☐ I am able to engage in all my recreation activities with no neck pain at all ☐ I am able to engage in all my recreation activities with some pain in my neck ☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck ☐ I am able to engage in few of my usual recreation activities because of pain in my neck ☐ I can hardly do any recreation activities because of pain in my neck ☐ I can't do any recreation activities at all
Pain Scale: Rate your usual level of pain today by circling one boxes on the following scale:	

10

**Excruciating Pain**