Name:_____	Initial □ Follow up □ Discharge □
Date:_____	Score:

NECK PAIN FUNCTIONAL SCALE

We are interested in knowing if whether you are having any difficulty at all with the activities listed because of your neck problem which you are currently seeking attention. We request that you complete this form on the date of your assessment in order to provide accurate results. Please provide an answer for each activity.

Today, do you or would you have any difficulty with:

(Circle one number on each line)

ACTIVITIES	Extreme Difficulty Or Unable To Perform Activity 0	Quite a Bit of Difficulty 1	Moderate Difficulty 2	A Little Bit of Difficulty 3	No Difficulty 4
a. Looking over your shoulder	◯	◯	◯	◯	◯
b. Any of your usual work, housework, school work	◯	◯	◯	◯	◯
c. Lifting an object, such as a bag of groceries, from the floor	◯	◯	◯	◯	◯
d. Performing heavy activities around your home	◯	◯	◯	◯	◯
e. Performing light activities around your home	◯	◯	◯	◯	◯
f. Sitting for 1 hour	◯	◯	◯	◯	◯
g. Reading	◯	◯	◯	◯	◯
h. Going grocery shopping	◯	◯	◯	◯	◯
i. Looking down at the ground	◯	◯	◯	◯	◯
j. Your usual hobbies, recreational or sporting activities	◯	◯	◯	◯	◯
k. Driving for 1 hour	◯	◯	◯	◯	◯
l. Washing or shaving (face or legs)	◯	◯	◯	◯	◯
m. Getting dressed	◯	◯	◯	◯	◯
n. Sleeping	◯	◯	◯	◯	◯
o. Standing for 1 hour	◯	◯	◯	◯	◯
p. Reaching for objects above your head	◯	◯	◯	◯	◯
q. Assisting others (children, spouse, friend)	◯	◯	◯	◯	◯
r. Rolling over in bed	◯	◯	◯	◯	◯
s. Performing activities outside of your home	◯	◯	◯	◯	◯
t. Lying on your back	◯	◯	◯	◯	◯
Column Totals					

Score: _____/80 = _____%

Scoring:
Total Possible Score = 80
Calculate score as a percentage