



Please answer every question by placing an X on that which mostly closely describes your **current** condition.

MVA DISABILITY INDEX FOR NECK PAIN

Last Name: _____

First Name: _____

<p>PAIN INTENSITY</p> <p>0 - I have no pain at the moment 1 - Pain in very mild at the moment 2 - Pain is moderate at the moment 3 - Pain is fairly severe at the moment 4 - Pain is very severe at the moment 5 - Pain is the worst imaginable at the moment</p>	<p>CONCENTRATION</p> <p>0 - I can concentrate fully when I want with no difficulty 1 - I can concentrate fully when I want with slight difficulty 2 - I have a fair degree of difficulty concentrating when I want 3 - I have a lot of difficulty concentrating when I want to 4 - I have a great deal of difficulty concentrating when I want 5 - I cannot concentrate at all</p>
<p>PERSONAL CARE</p> <p>0 - I can look after myself normally without pain 1 - I can look after myself normally with little pain 2 - It's painful to look after myself, I am careful 3 - I need some help, but manage most of my care 4 - I need help everyday in most aspects of my care 5 - I don't dress, difficulty washing, bedridden</p>	<p>SLEEPING</p> <p>0 - I have no trouble sleeping 1 - My sleep is slightly disturbed (less than 1 sleepless hour) 2 - My sleep is mildly disturbed (1-2 sleepless hours) 3 - My sleep is moderately disturbed (2-3 sleepless hours) 4 - My sleep is greatly disturbed (3-5 sleepless hours) 5 - My sleep is very greatly disturbed (5-7 sleepless hours)</p>
<p>LIFTING</p> <p>0 - I can lift heavy weights without increased pain 1 - I can lift heavy weights, but it causes pain 2 - Pain prevents me from lifting heavy weights off the floor but I can manage if the weights are conveniently positioned (ie. On a table) 3 - Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned 4 - I can only lift very light weights 5 - I cannot lift or carry anything at all</p>	<p>RECREATION</p> <p>0 - I am able to engage in all my activities with no neck pain 1 - I am able to engage in all my activities with some neck pain 2 - I am able to engage in most, but not all, of my activities because of pain in my neck 3 - I am able to engage in a few of my activities because of pain in my neck 4 - I can hardly do any of my activities because of pain in my neck 5 - I cannot do any of my activities at all</p>
<p>WORK</p> <p>0 - I can do as much work as I want to 1 - I can only do my usual work, but no more 2 - I can do most of my usual work, but no more 3 - I cannot do my usual work 4 - I can hardly do any work at all 5 - I cannot do any work at all</p>	<p>READING</p> <p>0 - I can read as much as I want to with no neck pain 1 - I can read as much as I want to with slight neck pain 2 - I can read as much as I want to with moderate neck pain 3 - I cannot read as much as I want, due to moderate neck pain 4 - I cannot read as much as I want, due to severe neck pain 5 - I cannot read at all</p>
<p>HEADACHES</p> <p>0 - I have no headaches at all 1 - I have slight headaches, infrequently 2 - I have moderate headaches, infrequently 3 - I have moderate headaches, frequently 4 - I have severe headaches, frequently 5 - I have headaches almost all the time</p>	<p>DRIVING</p> <p>0 - I can drive my car without any neck pain 1 - I can drive as long as I want with slight neck pain 2 - I can drive as long as I want with moderate neck pain 3 - I cannot drive as long as I want, due to moderate neck pain 4 - I can hardly drive at all, due to severe neck pain 5 - I cannot drive my car at all</p>



For each symptom, check **YES** if present or **NO** if not present, and rate severity of pain.

WHIPLASH ASSOCIATED DISORDERS

Neck or Shoulder Pain:	Y	N								
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Upper or Mid-Back Pain:	Y	N								
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Low Back Pain:		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Headache:		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Arm(s):		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Hand(s):		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Face or Jaw:		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Leg(s):		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Foot/Feet:		Y	N							
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain
Pain in Abdomen or Chest:	Y	N								
1	2	3	4	5	6	7	8	9	10	
No pain										Worst Pain



Please mark **YES** or **NO** for the following symptoms.

Feeling of numbness, tingling in arms or hands	Y	N
Feeling of numbness, tingling in legs or feet	Y	N
Dizziness or unsteadiness	Y	N
Vision problems	Y	N
Hearing problems	Y	N
Anxiety or worry	Y	N
Nausea or vomiting	Y	N
Difficulty swallowing	Y	N
Problems concentrating or with memory	Y	N
Loss of consciousness	Y	N

Have the injuries prevented you from carrying out any of the following:

- Daily home activities
- Employment
- Schooling
- Sports or recreation
- Other

Do you think the injury will:

- Get better soon
- Get better slowly
- Never get better
- Don't know

Patient Signature

Printed Name

Date