

COPENHAGEN NECK FUNCTIONAL DISABILITY SCALE

Patient Name _____

Date _____

Please read carefully:

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday activities. In response to each question, please mark ONLY one box that applies to you.

SYMPTOM	YES	OCCASSIONALLY	NO
1. Can you sleep at night without neck pain interfering?			
2. Can you manage daily activities without neck pain reducing activity levels?			
3. Can you manage daily activities without help from others?			
4. Can you manage putting your clothes on in the morning without taking more time than usual?			
5. Can you bend over the sink to brush your teeth without getting neck pain?			
6. Do you spend more time than usual at home because of your neck pain?			
7. Are you prevented from lifting objects weighting 5-10 pounds due to neck pain?			
8. Have you reduced your reading activity due to neck pain?			
9. Have you been bothered by headaches during the time you have had neck pain?			
10. Do you feel that your ability to concentrate is reduced due to neck pain?			
11. Are you prevented from participating in your usual leisure time activities due to neck pain?			
12. Do you remain in bed longer than usual due to neck pain?			
13. Do you feel neck pain has influenced your emotional relationship with your family?			
14. Have you had to give up social contact with other people during the past two weeks due to neck pain?			
15. Do you feel that neck pain will influence your future?			

COMMENTS: _____

EXAMINER: _____

With permission from: Jordan, A, DC, Mannishe C, Mosdal, C, Hindsberger C. The Copenhagen Neck Functional Disability Scale: A Study of Reliability and Validity. *JMPT*, 1998; Vol 21, #8:520-27.