

Neck 9-item Screening Tool

Patient name: _____ Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

	Disagree 0	Agree 1
1 My neck pain has spread down my arm(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the hip or back at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 I have dressed/washed more slowly because of my neck pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last few days, my sleeping is moderately disturbed because of neck pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6 Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my neck pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8 In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how **bothersome** has your neck pain been in the **last 2 weeks**?

Not at all

0

Slightly

0

Moderately

0

Very much

1

Extremely

1

Total score (all 9): _____ **Sub Score (Q5-9):** _____