

The Neck Functional Status 10-item Short Form

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The following assessment will ask you about difficulties you may have with certain activities. It's an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Today, does or would your health problem limit:	Extreme Difficulty or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	Little Bit of Difficulty	No Difficulty
1. Looking up to see a bird?					
2. Performing personal care activities like washing, dressing, bathing?					
3. Moving your head quickly, such as following a loud noise?					
4. Performing recreational activities that require little effort (eg, card playing , knitting, etc.)?					
5. Turning to look behind you to drive a car?					
6. Turning over in bed?					
7. Sitting and reading a book for 1 hour?					
8. Changing a light bulb overhead?					
9. Sitting, performing light desk work for 8 hours?					
10. Performing recreational activities in which you take some force or impact (eg, golf, hammering, tennis, etc.)?					