

Neck Outcome Score (NOOS)

A questionnaire for individuals with neck pain

Name _____

Date _____

INSTRUCTIONS

This questionnaire contains questions about your neck-related problems. Your answers will help us monitor how you are doing and how you are coping in everyday life.

Please answer each question by marking the answer that best applies to you. Mark only one answer for each question. Please answer ALL questions.

If a question is not relevant for you, or it is not something you have not experienced it during the past week, please make your "best guess" as to which answer would be the most accurate.

MOBILITY

When you respond to the following questions, think about the **neck problems** you have had **during the past week**. How often...

M1. Have you been able to turn your head fully and without difficulty?

All Week Often Occasionally Rarely Never

M2. Have you been able to tilt your neck or head all the way back without difficulty?

All Week Often Occasionally Rarely Never

M3. Have you been able to look down at your chest without difficulty?

All Week Often Occasionally Rarely Never

What degree of neck pain have you felt **during the past week**, when you...

M4. Have turned your head all the way to one side?

None Mild Moderate Severe Very severe

M5. Have tilted your head or neck all the way back?

None Mild Moderate Severe Very severe

STIFFNESS

Stiffness in the neck involves difficulty in carrying out movements (bending or turning your neck). **To what degree** have you felt **stiffness** in your neck **during the past week**?

M6. How stiff is your neck when you have just woken up in the morning?

Not at all A little Moderately Very Extremely

M7. How stiff has your neck been later in the day?

Not at all A little Moderately Very Extremely

SYMPTOMS

When you respond to the following questions, think about the **neck problems** you have had **during the past week**.

SY1. What is your neck pain like when it is at its worst?

None Mild Moderate Severe Very severe

SY2. Have you had a headache?

Never Rarely Occasionally Often All week

SY3. What is your headache like when it is at its worst?

None Mild Moderate Severe Very severe

SY4. Have you felt dizzy?

Never Rarely Occasionally Often All week

SY5. Have you had trouble concentrating?

Never Rarely Occasionally Often All week

SLEEP DISTURBANCE

To what degree have your **neck problems** disturbed your sleep **during the past week**, when you...

SL1. Have lain in bed?

Not at all Mild Moderate Considerable Very considerable

SL2. What degree of neck pain have you felt, when you have been lying down?

None Mild Moderate Severe Very severe

SL3. What degree of neck pain, have you felt at night for example pain that disturbed your sleep?

None Mild Moderate Severe Very severe

SL4. How often have you slept badly because of your neck problems?

Never Rarely Occasionally Often All week

EVERY DAY ACTIVITY AND PAIN				
What degree of neck pain have you felt during the past week , when you...				
A1. Have sat still for more than one hour when for example reading, watching TV or sitting in front of a computer?				
None	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Have been standing for more than 30 minutes?				
None	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Have had your arms above your head for example when getting dressed, washing or brushing your hair?				
None	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. Have lifted or carried heavy items, such as grocery bags?				
None	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what degree have your neck problems made your everyday life difficult over the past week , when you...				
A5. Have sat still for more than 1 hour?				
Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. Have been shopping?				
Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7. Have been doing light housework, such as cooking or dusting?				
Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8. Have been doing heavy housework, such as washing the floor or vacuuming?				
Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPATING IN EVERY DAY LIFE

Please answer ALL questions. If a question is not relevant for you, or it is not something you have experienced during the past week, please make your "best guess" as to which answer would be the most accurate.

To what degree have your neck problems made your everyday life difficult over the past week, when you...

PT1. Have been taking part in social life, such as visiting your family, friends or colleagues?

Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT2. Have been practising your preferred leisure activities, such as hobbies or handicrafts?

Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT3. Have been practising your preferred sporting activities, such as swimming, cycling, running or tennis?

Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT4. Have been attending to your work or studies in or outside your home?

Not at all	Mild	Moderate	Considerable	Very considerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT5. Have you been able to participate in your preferred physical activities for as long as you would like?

Always	Often	Occasionally	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT6. Have you been able to participate in your preferred physical activities in the manner you would like?

Always	Often	Occasionally	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

PT7. Have your neck problems caused you to make changes to your lifestyle?

Not at all	To some extent	Moderately	To a considerable extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT8. Do you experience limitations in your life as a result of your neck problems, such as avoiding or limiting work, leisure activities, hobbies or socialising?

Not at all	To some extent	Moderately	To a considerable extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT9. Have your neck problems affected your relations to those closest to you?

Not at all	To some extent	Moderately	To a considerable extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PT10. Do your neck problems have an emotional affect on you, for example in the form of experiencing sadness, frustration or anger?

Not at all	To some extent	Moderately	To a considerable extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>