

This questionnaire is designed to help us identify the prevalence, severity, and characteristics of neck and back pain affecting medical students. There are a total of 35 questions.

1. Age:

2. Body Mass Index:

3. Current Year of medical school: **MS0** MS1 MS2 MS3 MS4

4. In a typical week, how much time do you spend on:

Exercising: _____ hours

Sleeping: _____ hours

Studying: _____ hours

Sitting: _____ hours

Walking: _____ hours

5. When did your neck/ back pain start?

☐ During medical school (circle specific): MS1 MS2 MS3 MS4

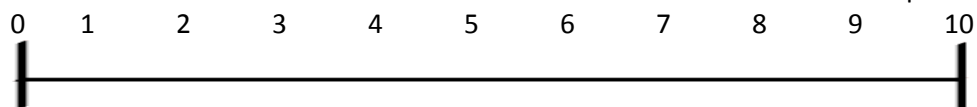
☐ Before medical school: ____ years before medical school started

☐ Have not experienced neck/ back pain

6. Please mark an X that represents the intensity of your pain as it is most of the time:

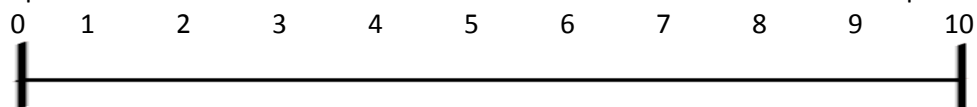
Neck:

No Pain



Back:

No pain



7. How frequently does the pain manifest? (Please circle one of the following)

Never Almost Never Sometimes Often Constant

8. Are you doing anything to minimize your back pain, if present? (Please circle one of the following)

Yes No Don't have pain

If yes, please describe:

The following 10 questions ask you about your feelings and thoughts during the last month. Please circle how often you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?..... 0 1 2 3 4
2. In the last month, how often have you felt that you were unable to control the important things in your life?..... 0 1 2 3 4
3. In the last month, how often have you felt nervous and “stressed”? 0 1 2 3 4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?..... 0 1 2 3 4
5. In the last month, how often have you felt that things were going your way?..... 0 1 2 3 4
6. In the last month, how often were you unable to cope with all the things that you had to do? 0 1 2 3 4
7. In the last month, how often have you been able to control irritations in your life?..... 0 1 2 3 4
8. In the last month, how often have you felt that you were on top of things?..... 0 1 2 3 4
9. In the last month, how often have you been angered because of things that were outside of your control? 0 1 2 3 4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?..... 0 1 2 3 4

The following 15 questions are designed to give us information as to how your neck or back pain is affecting your ability to manage in everyday life. For questions 1-4, please specify the location of the pain by circling the relevant area. Questions 5-9 refer to back pain only. Questions 10-15 refer to neck pain only. Please answer by circling ONE number in each section for the statement which best applies to you.

1- Pain Intensity:

Neck Back Both

- 0 I have no pain at the moment.
- 1 The pain is very mild at the moment.
- 2 The pain is moderate at the moment.
- 3 The pain is fairly severe at the moment.
- 4 The pain is very severe at the moment.
- 5 The pain is the worst imaginable at the moment.

2- Personal Care (washing, dressing, etc.):

Neck Back Both

- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally, but it causes a little extra pain.
- 2 It is painful to look after myself, and I am slow and careful.
- 3 I need some help, but manage most of my personal care.
- 4 I need help every day in most aspects of my care.
- 5 I do not get dressed, wash with difficulty and stay in bed.

3- Lifting:

Neck Back Both

- 0 I can lift heavy weights without increased pain.
- 1 I can lift heavy weights, but it causes increased pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (ex. 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 lift only very light weights.
- 5 I cannot lift or carry anything at all.

4- Sleeping:

Neck Back Both

- 0 I have no trouble sleeping.
- 1 My sleep is slightly disturbed (less than 1 hour sleepless).
- 2 My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderately disturbed (2-3 hours sleepless).
- 4 My sleep is greatly disturbed (3-5 hours sleepless).
- 5 My sleep is greatly disturbed (5-7 hours sleepless).

5- Sitting:

Back

- 0 I can sit in any chair as long as I like
- 1 I can only sit in my favorite chair as long as I like
- 2 Pain prevents me sitting more than one hour
- 3 Pain prevents me from sitting more than 30 minutes
- 4 Pain prevents me from sitting more than 10 minutes
- 5 Pain prevents me from sitting at all

6- Standing:

Back

- 0 I can stand as long as I want without extra pain
- 1 I can stand as long as I want but it gives me extra pain
- 2 Pain prevents me from standing for more than 1 hour
- 3 Pain prevents me from standing for more than 10 minutes
- 4 Pain prevents me from standing for more than 3 minutes
- 5 Pain prevents me from standing at all

7- Walking:

Back

- 0 Pain does not prevent me walking any distance
- 1 Pain prevents me from walking more than 2 kilometers
- 2 Pain prevents me from walking more than 1 kilometer
- 3 Pain prevents me from walking more than 500 meters
- 4 I can only walk using a stick or crutches
- 5 I am in bed most of the time

8- Social life:

Back

- 0 My social life is normal and gives me no extra pain
- 1 My social life is normal but increases the degree of pain
- 2 Pain has no significant effect on my social life apart from limiting my more energetic interests, eg sports
- 3 Pain has restricted my social life and I do not go out as often
- 4 Pain has restricted my social life to my home
- 5 I have no social life because of pain

9- Traveling:

Back

- 0 I can travel anywhere without pain
- 1 I can travel anywhere but it gives me extra pain
- 2 Pain is bad but I manage journeys over two hours
- 3 Pain restricts me to journeys of less than one hour
- 4 Pain restricts me to short necessary journeys under 30 minutes
- 5 Pain prevents me from travelling except to receive treatment

10- Reading:

Neck

- 0 I can read as much as I want to with no pain in my neck.
- 1 I can read as much as I want to with slight pain in my neck.
- 2 I can read as much as I want to with moderate pain in my neck.
- 3 I cannot read as much as I want because of moderate pain in my neck.
- 4 I cannot read as much as I want because of severe pain in my neck.
- 5 I cannot read at all.

11- Headaches:

Neck

- 0 I have no headaches at all.
- 1 I have slight headaches which come infrequently.
- 2 I have moderate headaches which come infrequently.
- 3 I have moderate headaches which come frequently.
- 4 I have severe headaches which come frequently.
- 5 I have headaches almost all the time.

12- Concentration:

Neck

- 0 I can concentrate fully when I want to with no difficulty.
- 1 I can concentrate fully when I want to with slight difficulty.
- 2 I have a fair degree of difficulty in concentrating when I want to.
- 3 I have a lot of difficulty in concentrating when I want to.
- 4 I have a great deal of difficulty in concentrating when I want to.
- 5 I cannot concentrate at all.

13- Work:

Neck

- 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.

14- Driving:

Neck

- 0 I can drive my car without any neck pain.
- 1 I can drive as long as I want with slight pain in my neck.
- 2 I can drive as long as I want with moderate pain in my neck.
- 3 I cannot drive as long as I want because of moderate pain in my neck.
- 4 I can hardly drive at all because of severe pain in my neck.
- 5 I cannot drive my car at all.

15- Recreation:

Neck

- 0 I am able to engage in all of my recreational activities with no neck pain.
- 1 I am able to engage in all of my recreational activities with some pain in my neck.
- 2 I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- 3 I am able to engage in a few of my recreational activities because of pain in my neck.
- 4 I can hardly do any recreational activities because of pain in my neck.
- 5 I cannot do any recreational activities at all.

Optional: Please write any additional comments/ concerns in the following area