

Provider: Marissa Fourie

Today's date: \_\_\_\_\_

### Instructions

This questionnaire has been designed to provide information on the impact that your whiplash injury and symptoms have upon your lifestyle. Please circle a number in each section to indicate how you have been affected by the whiplash injury and symptoms. If one or more questions are not relevant to you (eg you don't participate in sporting activities), please select the N/A option. Reproduced with permission. Source: Pinfold M, Niere KR, O'Leary EF, Hoving JL, Green S and Buchbinder R (2004). Validity and internal consistency of a Whiplash-Specific disability measure. Spine 29(3): 263-268.

#### 1. How much pain do you have today?

0 : No pain / N/A     1     2     3     4     5     6     7     8     9     10 : Worst pain imaginable

#### 2. Do your whiplash symptoms interfere with your personal care (washing, dressing etc)?

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to perform

#### 3. Do your whiplash symptoms interfere with your work/home/study duties?

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to perform

#### 4. Do your whiplash symptoms interfere with driving or using public transport?

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to travel in car/use public transport

#### 5. Do your whiplash symptoms interfere with sleep?

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Cannot sleep

#### 6. Do you feel more tired/fatigued than usual since your injury?

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Always

**7. Do your whiplash symptoms interfere with social activity?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to socialise

**8. Do your whiplash symptoms interfere with sporting activity?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to participate

**9. Do your whiplash symptoms interfere with non-sporting leisure activity?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to participate

**10. Do you experience sadness/depression as a result of your whiplash injury/symptoms?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Always

**11. Do you experience anger as a result of your whiplash injury/symptoms?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Always

**12. Do you experience anxiety as a result of your whiplash injury/symptoms?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Always

**13. Do you have difficulty concentrating as a result of your whiplash injury/symptoms?**

0 : Not at all / N/A     1     2     3     4     5     6     7     8     9     10 : Unable to concentrate