# 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...

<table>
<thead>
<tr>
<th>Question</th>
<th>All Week</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. Have you been able to turn your head fully and without difficulty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M2. Have you been able to tilt your neck or head all the way back without difficulty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3. Have you been able to look down at your chest without difficulty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M4. Have you turned your head all the way to one side?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Very severe</td>
</tr>
<tr>
<td>M5. Have you tilted your head or neck all the way back?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Very severe</td>
</tr>
</tbody>
</table>
## 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?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
</table>

## 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?

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
</table>

SY2. Have you had a headache?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>All week</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
</table>

## SLEEP DISTURBANCE

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

SL1. Have lain in bed?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Mild</th>
<th>Moderate</th>
<th>Considerable</th>
<th>Very considerable</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>All week</th>
</tr>
</thead>
</table>
## 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

- **A2.** Have been standing for more than 30 minutes?

  - None
  - Mild
  - Moderate
  - Severe
  - Very severe

- **A3.** Have had your arms above your head for example when getting dressed, washing or brushing your hair?

  - None
  - Mild
  - Moderate
  - Severe
  - Very severe

- **A4.** Have lifted or carried heavy items, such as grocery bags?

  - None
  - Mild
  - Moderate
  - Severe
  - Very severe

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### 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

- **A6.** Have been shopping?

  - Not at all
  - Mild
  - Moderate
  - Considerable
  - Very considerable

- **A7.** Have been doing light housework, such as cooking or dusting?

  - Not at all
  - Mild
  - Moderate
  - Considerable
  - Very considerable

- **A8.** Have been doing heavy housework, such as washing the floor or vacuuming?

  - Not at all
  - Mild
  - Moderate
  - Considerable
  - Very considerable
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 you been taking part in social life, such as visiting your family, friends or colleagues?
- Not at all
- Mild
- Moderate
- Considerable
- Very considerable

PT2. Have you been practising your preferred leisure activities, such as hobbies or handicrafts?
- Not at all
- Mild
- Moderate
- Considerable
- Very considerable

PT3. Have you been practising your preferred sporting activities, such as swimming, cycling, running or tennis?
- Not at all
- Mild
- Moderate
- Considerable
- Very considerable

PT4. Have you been attending to your work or studies in or outside your home?
- Not at all
- Mild
- Moderate
- Considerable
- Very considerable

PT5. Have you been able to participate in your preferred physical activities for as long as you would like?
- Always
- Often
- Occasionally
- Rarely
- Never

PT6. Have you been able to participate in your preferred physical activities in the manner you would like?
- Always
- Often
- Occasionally
- Rarely
- Never