**姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **日期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

请在方框中做上标记**(X)，**说明因为您的颈部，您在过去一周内，进行下面列出的每项活动时经历了多少困难。

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **没有任何困难**  **https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTR_XWmsYrcGWkly_QJyoqJcDvggagtmC51o7ObVbzuzv13SNEdGA** | **些许困难** | **中度困难** | **很多困难** | **极度困难** | **完全做不到**  **http://1.bp.blogspot.com/-hzVOEYuxFqQ/TnLLHT6k8UI/AAAAAAAAAOA/38efJUNOhsQ/s1600/Unhappy+face.jpg** |
| **洗澡和穿衣服** |  |  |  |  |  |  |
| **抬和携带重物** |  |  |  |  |  |  |
| **读** (书, 文章, 看平板电脑, 电脑或者手机) |  |  |  |  |  |  |
| **做我平时的工作** |  |  |  |  |  |  |
| **开/坐** (车, 公交, 火车, 骑自行车或其他) |  |  |  |  |  |  |
| **做我平时的娱乐和体育运动** |  |  |  |  |  |  |
| **专注于工作** |  |  |  |  |  |  |
| **睡觉** |  |  |  |  |  |  |
| **将东西放置于高架子上** |  |  |  |  |  |  |
| **做需要高于头部的工作**  (例如换灯泡, 刷墙) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 因为颈部疼痛，您有什么事情/活动想要分享其困难? | | | | | | |

The ND10 MacDermid 2018