

Patient Name: \_\_\_\_\_ Today's

Date: \_\_\_\_\_

### Whiplash Disability Questionnaire

**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, please leave that section blank.

1. How much pain do you have today?

No pain \_\_\_\_\_ Worst pain Imaginable  
0 1 2 3 4 5 6 7 8 9 10

2. How much do your whiplash symptoms interfere with your personal care (washing, dressing, etc)?

Not at all \_\_\_\_\_ Unable to perform  
0 1 2 3 4 5 6 7 8 9 10

3. How much do your whiplash symptoms interfere with your work/home/study duties?

Not at all \_\_\_\_\_ Unable to perform  
0 1 2 3 4 5 6 7 8 9 10

4. How much do your whiplash symptoms interfere with driving or using public transport?

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

5. How much do your whiplash symptoms interfere with sleep?

Not at all \_\_\_\_\_ Cannot sleep  
0 1 2 3 4 5 6 7 8 9 10

6. How often do you experience tiredness/fatigue as a result of your whiplash injury symptoms?

Not at all \_\_\_\_\_ Always  
0 1 2 3 4 5 6 7 8 9 10

7. How much do your whiplash symptoms interfere with social activity?

Not at all \_\_\_\_\_ Unable to socialize  
0 1 2 3 4 5 6 7 8 9 10

8. How much do your whiplash symptoms interfere with sporting activity?

Not at all \_\_\_\_\_ Unable to participate  
0 1 2 3 4 5 6 7 8 9 10 Turn Over →

Patient

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Whiplash Disability Questionnaire (Continued)

9. How much do your whiplash symptoms interfere with non-sporting leisure activity?

Not at all \_\_\_\_\_ Unable to participate  
0 1 2 3 4 5 6 7 8 9 10

**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**

10. How often do you experience sadness/depression as a result of your whiplash/injury symptoms?

Not at all \_\_\_\_\_ Always  
0 1 2 3 4 5 6 7 8 9 10

11. How often do you experience anger as a result of your whiplash/injury symptoms?

Not at all \_\_\_\_\_ Always  
0 1 2 3 4 5 6 7 8 9 10

12. How often do you experience anxiety as a result of your whiplash/injury symptoms?

Not at all \_\_\_\_\_ Always  
0 1 2 3 4 5 6 7 8 9 10

13. How much difficulty do you have concentrating as a result of your whiplash/injury symptoms?

Not at all \_\_\_\_\_ Unable to concentrate  
0 1 2 3 4 5 6 7 8 9 10

Other

comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use

Add the scores from each section. Total: \_\_\_\_\_

Minimum Detectable Change (90% confidence) is 15 points.

Source: Pinefold et al (2004). Validity and internal consistency of a Whiplash- Specific disability measure. Spine 29 (3): 263-268.

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