LA TROBE UNIVERSITY

SCHOOL OF PHYSIOTHERAPY

WHIPLASH DISABILITY QUESTIONNAIRE

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.

DATE:///						NAME:					
1.	1. How much pain do you have today?										
	0 No Pain	1	2	3	4	5	6	7	8	9	10 Worst pain imaginable
2.	How much do your whiplash symptoms interfere with your personal care (washing, dressing etc)?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Unable to perform
3.	How much do your whiplash symptoms interfere with your work/home/study duties?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Unable to perform
4.	How much	How much have your whiplash symptoms interfered with driving or using public transport ?								sport?	
	0 Not at all	1	2	3	4	5	6	7	8		10 nable to travel car/use public transport
5.	How much do your whiplash symptoms interfere with sleep?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Cannot sleep
6.	How often do you experience tiredness / fatigue as a result of your whiplash injury / symptoms?										mptoms?
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Always
7.	How much do your whiplash symptoms interfere with social activity?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Unable to socialise

Please turn the page

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8.	3. How much do your whiplash symptoms interfere with sporting activity ?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Unable to participate
9.	How much do your whiplash symptoms interfere with non-sporting leisure activity?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Unable to participate
10.	10. How often do you experience sadness / depression as a result of your whiplash injury / symptoms?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Always
11.	11. How often do you experience anger as a result of your whiplash injury / symptoms?										
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Always
12. How often do you experience anxiety as a result of your whiplash injury / symptoms?											
	0 Not at all	1	2	3	4	5	6	7	8	9	10 Always
13. How much difficulty do you have concentrating as a result of your whiplash injury / symptoms?											
١	0 No difficulty	1	2	3	4	5	6	7	8	9	10 Unable to Concentrate

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