

**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 (eg you don't participate in sporting activities), please leave the question blank.

NAME:.....

DATE:...../...../.....

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

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst pain imaginable

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

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

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

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

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

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

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

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

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

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

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

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

Please turn the page

Whiplash Disability Questionnaire

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

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

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

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

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

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

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

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

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

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

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

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

THANK YOU FOR YOUR COOPERATION

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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.