



NAME _____

DATE _____

Cervical Positional Tolerance Questionnaire (CPTQ)

Instructions: Read question 1 and then proceed to the symptoms keeping in mind that the symptoms relate to the question. Read each of the symptoms in the right hand column and the patient is instructed to answer YES, NO, SOMETIMES for each symptom. Proceed to questions 2 and 3 in the same manner.

1. Do you avoid looking up as if into a high cabinet shelf because doing so causes:

- | | |
|--------------------------------|------------------|
| • Visual Problems or Dizziness | YES/NO/SOMETIMES |
| • Sudden Drop to the Floor | YES/NO/SOMETIMES |
| • Unsteadiness | YES/NO/SOMETIMES |
| • Extremity Weakness | YES/NO/SOMETIMES |
| • Confusion | YES/NO/SOMETIMES |
| • Headaches | YES/NO/SOMETIMES |
| • Hearing Loss | YES/NO/SOMETIMES |
| • Loss of Consciousness | YES/NO/SOMETIMES |
| • Arm or Leg Numbness | YES/NO/SOMETIMES |
| • Problems with Speech | YES/NO/SOMETIMES |
| • Ringing in the Ear | YES/NO/SOMETIMES |
| • Numbness around Mouth | YES/NO/SOMETIMES |

2. Do you avoid looking over your left shoulder as if backing up your car because doing so causes:

- | | |
|--------------------------------|------------------|
| • Visual Problems or Dizziness | YES/NO/SOMETIMES |
| • Sudden Drop to the Floor | YES/NO/SOMETIMES |



- Unsteadiness YES/NO/SOMETIMES
- Extremity Weakness YES/NO/SOMETIMES
- Confusion YES/NO/SOMETIMES
- Headaches YES/NO/SOMETIMES
- Hearing Loss YES/NO/SOMETIMES
- Loss of Consciousness YES/NO/SOMETIMES
- Arm or Leg Numbness YES/NO/SOMETIMES
- Problems with Speech YES/NO/SOMETIMES
- Ringing in the Ear YES/NO/SOMETIMES
- Numbness around Mouth YES/NO/SOMETIMES

3. Do you avoid looking
over your right shoulder
as if backing up your car
because doing so causes:

- Visual Problems or Dizziness YES/NO/SOMETIMES
- Sudden Drop to the Floor YES/NO/SOMETIMES
- Unsteadiness YES/NO/SOMETIMES
- Extremity Weakness YES/NO/SOMETIMES
- Confusion YES/NO/SOMETIMES
- Headaches YES/NO/SOMETIMES
- Hearing Loss YES/NO/SOMETIMES
- Loss of Consciousness YES/NO/SOMETIMES
- Arm or Leg Numbness YES/NO/SOMETIMES
- Problems with Speech YES/NO/SOMETIMES
- Ringing in the Ear YES/NO/SOMETIMES
- Numbness around Mouth YES/NO/SOMETIMES

SCORE

(Total # YES Responses + Total # Sometimes Responses) Scores ≥ 1 constitutes a positive CPTQ
