

NECK INDEX

Name: _____ Date: ____/____/____ File#: _____

This questionnaire helps the doctor to understand how much your **neck pain** has affected your ability to perform everyday activities. Please check **only one box** in each section that most clearly describes your problem right now.

<p style="text-align: center;">SECTION 1 – PAIN INTENSITY</p> <p><input type="checkbox"/> I have no pain at the moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> The pain is fairly severe at the moment.</p> <p><input type="checkbox"/> The pain is very severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment.</p>	<p style="text-align: center;">SECTION 6 – CONCENTRATION</p> <p><input type="checkbox"/> I can concentrate fully when I want to with no difficulty.</p> <p><input type="checkbox"/> I can concentrate fully when I want to with slight difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to.</p> <p><input type="checkbox"/> I have a lot of difficulty in concentrating when I want to.</p> <p><input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to.</p> <p><input type="checkbox"/> I cannot concentrate at all.</p>
<p style="text-align: center;">SECTION 2 – PERSONAL CARE (WASHING, DRESSING, ETC.)</p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help everyday in most aspects of self care.</p> <p><input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.</p>	<p style="text-align: center;">SECTION 7 – WORK</p> <p><input type="checkbox"/> I can do as much work as I want to.</p> <p><input type="checkbox"/> I can only do my usual work, but no more.</p> <p><input type="checkbox"/> I can do most of my usual work, but no more.</p> <p><input type="checkbox"/> I cannot do my usual work.</p> <p><input type="checkbox"/> I can hardly do any work at all.</p> <p><input type="checkbox"/> I cannot do any work at all.</p>
<p style="text-align: center;">SECTION 3 – LIFTING</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can only lift very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p style="text-align: center;">SECTION 8 – DRIVING</p> <p><input type="checkbox"/> I can drive my car without any neck pain.</p> <p><input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck.</p> <p><input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck.</p> <p><input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly drive at all because of severe pain in my neck.</p> <p><input type="checkbox"/> I cannot drive my car at all.</p>
<p style="text-align: center;">SECTION 4 – READING</p> <p><input type="checkbox"/> I can read as much as I want to with no pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want to with slight pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want with moderate pain in my neck.</p> <p><input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly read at all because of severe pain in my neck.</p> <p><input type="checkbox"/> I cannot read at all.</p>	<p style="text-align: center;">SECTION 9 – SLEEPING</p> <p><input type="checkbox"/> I have no trouble sleeping.</p> <p><input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless).</p> <p><input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless).</p> <p><input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless).</p> <p><input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless).</p> <p><input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).</p>
<p style="text-align: center;">SECTION 5 – HEADACHES</p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches which come frequently.</p> <p><input type="checkbox"/> I have severe headaches which come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p style="text-align: center;">SECTION 10 – RECREATION</p> <p><input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all.</p> <p><input type="checkbox"/> I am able to engage in all my recreation activities with some pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in a few of my usual recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I cannot do any recreation activities at all.</p>

_____ / 50 = _____ % Disability = _____ (Neck)