

Patient Name: _____

Today's Date: ___/___/___

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

PAIN INTENSITY

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment
- 2 The pain comes and goes and is moderate
- 3 The pain is fairly severe at the moment
- 4 The pain is very severe at the moment
- 5 The pain is worst imaginable at the moment

SLEEPING

- 0 I have no trouble sleeping
- 1 My sleep is slightly disturbed (less than 1hr sleepless)
- 2 My sleep is mildly disturbed (1-2hrs sleepless)
- 3 My sleep is moderately disturbed (2-3hrs sleepless)
- 4 My sleep is greatly disturbed (3-5hrs sleepless)
- 5 My sleep is completely disturbed (5-7hrs sleepless)

READING

- 0 I can read as much as I want with no neck pain
- 1 I can read as much as I want with slight neck pain
- 2 I can read as much as I want with moderate neck pain
- 3 I can't read as much as I want because of moderate neck pain
- 4 I can hardly read at all because of severe neck pain
- 5 I cannot read at all because of neck pain

CONCENTRATION

- 0 I can concentrate fully when I want with no difficulty
- 1 I can concentrate fully when I want with slight difficulty
- 2 I have a fair degree of difficulty concentrating when I want
- 3 I have a lot of difficulty concentrating when I want
- 4 I have a great deal of difficulty concentrating when I want
- 5 I cannot concentrate at all

WORK

- 0 I can do as much work as I want
- 1 I can only do my usual work but no more
- 2 I can only do most of my usual work but no more
- 3 I cannot do my usual work
- 4 I can hardly do any work at all
- 5 I cannot do any work at all

PERSONAL CARE

- 0 I can look after myself normally without causing extra pain
- 1 I can look after myself normally but it causes extra pain
- 2 It is painful to look after myself and I am slow and careful
- 3 I need some help but I manage most of my personal care
- 4 I need help every day in most aspects of self-care
- 5 I do not get dressed, I wash with difficulty and stay in bed

LIFTING

- 0 I can lift heavy weights without extra pain
- 1 I can lift heavy weights but it causes extra pain
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (on a table)
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage lt. to med. weights if they are conveniently positioned.
- 4 I can only lift very light weights
- 5 I cannot lift or carry anything at all

DRIVING

- 0 I can drive my car without any neck pain
- 1 I can drive my car as long as I want with slight neck pain
- 2 I can drive my car as long as I want with moderate neck pain
- 3 I can't drive my car as long as I want because of moderate neck pain
- 4 I can hardly drive at all because of severe neck pain
- 5 I cannot drive my car at all because of neck pain

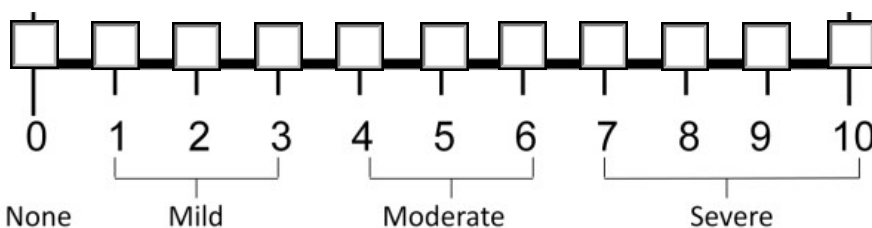
RECREATION

- 0 I am able to engage in all my recreation activities without neck pain
- 1 I am able to engage in all my usual activities with some neck pain
- 2 I am able to engage in most but not all my usual recreation activities because of neck pain
- 3 I am only able to engage in a few of my usual activities because of neck pain
- 4 I can hardly do any recreation activities because of neck pain
- 5 I cannot do any recreation activities as all

HEADACHES

- 0 I have no headaches at all
- 1 I have slight headaches which come infrequently
- 2 I have moderate headaches which come infrequently
- 3 I have moderate headaches which come frequently
- 4 I have severe headaches which come frequently
- 5 I have headaches almost all of the time

On the scale below please rate from 0 (no pain) to 10 (worst imaginable) the level of pain that best reflects the pain you are experiencing with your condition.



PROVIDER USE ONLY

Index Score = [sum of all statements selected] / (# of sections with a statement selected x 5) x 100

Neck Index Score = _____