

Name: _____

Date: _____

Neck Index

Please read:

This questionnaire has been designed to give the doctor information as to how your pain affects your ability to manage everyday life. Please answer every section, and mark in each section only the **one box** which applies to you. We realize that you may consider that two statements in any one section may relate to you, but please mark the box which **most closely describes your problem**.

Section 1 - Pain Intensity

- [0] I have no pain at the moment.
- [1] The pain is very mild at the moment.
- [2] The pain is moderate at the moment.
- [3] The pain is fairly severe at the moment.
- [4] The pain is very severe at the moment.
- [5] The pain is the worst imaginable at the moment.

Section 2 - Personal Care (Washing, Dressing, etc)

- [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 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.

Section 3 - Lifting

- [0] I can lift heavy weights without extra pain.
- [1] I can lift heavy weight but it gives extra pain.
- [2] Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed. For example, on a table.
- [3] Pain prevents me from lifting heavy weight, but I manage light to medium weights if they are conveniently placed.
- [4] I can lift very light weights.
- [5] I cannot lift or carry anything at all.

Section 4 - 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 cannot 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.

Section 5 - Headaches

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

Section 6 - Concentration

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

Section 7 - Work

- [0] I can do as much work as I want to.
- [1] I can only do my usual work, but no more.
- [2] I can do most of my usual work, but no more.
- [3] I cannot do my usual work.
- [4] I can hardly do any work.
- [5] I cannot do any work.

Section 8 - Driving

- [0] I can drive my car without any neck pain.
- [1] I can drive as long as I like with slight neck pain.
- [2] I can drive as long as I want with moderate neck pain.
- [3] I cannot drive as much as I like 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.

Section 9 - Sleeping

- [0] I have no trouble sleeping.
- [1] My sleep is slightly disturbed (less than 1 hour sleepless).
- [2] My sleep is mildly disturbed (1-2 hours sleepless).
- [3] My sleep is moderately disturbed(2-3 hours sleepless).
- [4] My sleep is greatly disturbed (3-5 hours sleepless).
- [5] My sleep is completely disturbed (5-7 hours sleepless).

Section 10 - Recreation

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

Signature

Date