

Neck Index

Patient Name _____ Date _____

This questionnaire will give the doctor information about how your neck condition affects your everyday life. Please answer every section and mark only the **one box** that applies to you. If two statements in one section relate to you, please **mark the box which most closely describes your problem.**

Section 1 - Pain Intensity

- Ⓐ I have no pain at the moment.
- Ⓛ The pain is very mild at the moment.
- Ⓜ The pain is moderate at the moment.
- Ⓝ The pain is fairly severe at the moment.
- Ⓓ The pain is very severe at the moment.
- Ⓟ The pain is the worst imaginable at the moment.

Section 2 – Personal Care (Washing/Dressing)

- Ⓐ I can look after myself normally without causing extra pain.
- Ⓛ I can look after myself normally but it causes extra pain.
- Ⓜ It is painful to look after myself and I am slow and careful.
- Ⓝ I need some help but I manage most of my personal care.
- Ⓓ I need help every day in most aspects of self care.
- Ⓟ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

- Ⓐ I can lift heavy weights without extra pain.
- Ⓛ I can lift heavy weights, but it causes extra pain.
- Ⓜ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Ⓝ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- Ⓓ I can lift only very light weights.
- Ⓟ I cannot lift or carry anything at all.

Section 4 – Reading

- Ⓐ I can read as much as I want with no neck pain.
- Ⓛ I can read as much as I want with slight neck pain.
- Ⓜ I can read as much as I want because of moderate pain.
- Ⓝ I cannot read as much as I want because of my moderate neck pain.
- Ⓓ I can hardly read at all because of severe neck pain.
- Ⓟ I cannot read at all.

Section 5 - Headaches

- Ⓐ I have not headaches at all.
- Ⓛ I have slight headaches which come infrequently.
- Ⓜ I have moderate headaches which come infrequently.
- Ⓝ I have moderate headaches which come frequently.
- Ⓓ I have severe headaches which come frequently.
- Ⓟ I have headaches almost all the time

Section 6 – Concentration

- Ⓐ I can concentrate fully when I want to with no difficulty.
- Ⓛ I can concentrate fully when I want to with slight difficulty.
- Ⓜ I have a fair degree of difficulty concentrating when I want to.
- Ⓝ I have a lot of difficulty concentrating when I want to.
- Ⓓ I have a great deal of difficulty concentrating when I want to.
- Ⓟ I cannot concentrate at all.

Section 7 – Work

- Ⓐ I can do as much work as I want to.
- Ⓛ I can only do my usual work, but no more.
- Ⓜ I can only do most of my usual work, but no more.
- Ⓝ I cannot do my usual work.
- Ⓓ I can hardly do any work at all.
- Ⓟ I cannot do any work at all.

Section 8 – Driving

- Ⓐ I can drive my car without neck pain.
- Ⓛ I can drive my car as long as I want with slight neck pain.
- Ⓜ I can drive my car as long as I want with moderate neck pain.
- Ⓝ I cannot drive my car as long as I want because of moderate neck pain.
- Ⓓ I can hardly drive at all because of severe neck pain.
- Ⓟ I cannot drive my car at all.

Section 9 – Sleeping

- Ⓐ I have no trouble sleeping.
- Ⓛ My sleep is slightly disturbed (less than 1 hr sleepless).
- Ⓜ My sleep is mildly disturbed (1-2 hrs. sleepless).
- Ⓝ My sleep is greatly disturbed (2-3 hrs sleepless).
- Ⓓ My sleep is greatly disturbed (3-5 hrs. sleepless).
- Ⓟ My sleep is completely disturbed (5-7 hrs sleepless).

Section 10 – Recreation

- Ⓐ I am able to engage in all my recreation activities with no neck pain at all.
- Ⓛ I am able to engage in all my recreation activities with some neck pain.
- Ⓜ I am able to engage in most but not all my recreation activities
- Ⓝ I am only able to engage in a few of my usual recreational activities because of neck pain.
- Ⓓ I can hardly do any recreation activities because of neck pain.
- Ⓟ I cannot do any recreation activities at all.