

Neck Index

Patient Name _____ Date _____

This questionnaire will give your provider information about how your back 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.

Please Complete Both Sides!

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

Sleeping

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

Reading

- I can read as much as I want to with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want to with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can hardly read because of severe neck pain.
- I can't read because of neck pain.

Concentration

- I can concentrate fully when I want with no difficulty.
- I can concentrate fully when I want with slight difficulty.
- I have a fair degree of difficulty concentrating when I want.
- I have a lot of difficulty concentrating when I want.
- I have a great deal of difficulty concentrating when I want.
- I can't concentrate at all.

Work

- I can do as much work as I want.
- I can only do my usual work but no more.
- I can only do most of my usual work but no more
- I can't do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

Please be sure to complete the other side...

Personal Care

- I can look after myself normally w/o 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 & 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 don't get dressed, I wash with difficulty and stay in bed.

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 (e.g., 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 only lift very light weights.
- I can't lift or carry anything at all.

Driving

- I can drive my car without any 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 can't drive my car as long as I want because of moderate neck pain.
- I can hardly drive my car at all because of severe neck pain.
- I can't drive my car because of neck pain.

Recreation

- I am able to engage in all my recreational activities without neck pain.
- I am able to engage in all my usual recreational activities with some neck pain.
- I am able to engage in most, but not all my usual recreational activities because of neck pain.
- I am only able to engage in a few of my usual recreational activities because of neck pain.
- I can hardly do any recreational activities because of neck pain.
- I can't do any recreational activities at all.

Headaches

- I have no 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.

Thank you for completing both sides!