

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 relate to you, 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 6 – Concentration

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

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

- 0- I can look after myself normally w/o 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 dress, I wash w/difficulty and stay in bed

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 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.

Section 3 – Lifting

- 0- I can lift heavy weights without 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, for example on a table.
- 3 – Pain prevents me from lifting heavy weights off the floor, but I can manage light medium weights if they are conveniently positioned.
- 4 – I can lift only very light weights
- 5 – I cannot lift or carry anything at all

Section 8 - Driving

- 0- I can drive my car without any neck pain
- 1 – I can drive my car as long as I want w/ slight neck pain
- 2 – I can drive my car as long as I want w/ moderate neck pain
- 3 – I cannot drive my car as long as I want because of moderate neck pain
- 4 – I can hardly drive my car at all because of severe neck pain
- 5 – I cannot drive my car 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 w/ slight neck pain
- 2 – I can read as much as I want w/ 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 9 - Sleeping

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

Section 5- 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 the time

Section 10 – Recreation

- 0- I am able to engage in all my recreation activities w/ no neck pain.
- 1- I am able to engage in all my recreation activities w/ some neck pain
- 2 – I am able to engage in most but not all my recreation activities because of neck pain
- 3 – I am only able to engage in a few of my usual recreation activities because of neck pain
- 4 – I can hardly do any recreation activities because of neck pain
- 5 – I cannot do any recreation activities at all.

BACK INDEX

Patient Name _____ Date _____

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

Pain Intensity

- 0- The pain comes and goes and is very mild
- 1- The pain is mild and does not vary much
- 2- The pain comes and goes and is moderate
- 3- The pain is moderate and does not vary much
- 4- The pain comes and goes and is very severe
- 5- The pain is very severe and does not vary much

Sleeping

- 0- I get no pain in bed
- 1- I get pain but it DOESN'T prevent me from sleeping well
- 2- Because of pain my normal sleep is reduced by less than 25%
- 3- Because of pain my normal sleep is reduced by less than 50%
- 4- Because of pain my normal sleep is reduced by less than 75%
- 5- Pain prevents me from sleeping at all.

Sitting

- 0- I can sit in any chair as long as I like
- 1- I can sit in my favorite chair as long as I like
- 2- Pain prevents me from sitting more than 1 hour
- 3- Pain prevents me from sitting more than ½ hour
- 4- Pain prevents me from sitting more than 10 minutes
- 5- I avoid sitting because it increases pain immediately

Standing

- 0- I can stand as long as I want without pain
- 1- I have some pain while standing but it doesn't increase with time
- 2- I cannot stand for longer than 1 hour w/o increasing pain
- 3- I cannot stand for longer than ½ hour w/o sitting down
- 4- I cannot stand for longer than 10 minutes
- 5- I avoid standing because it increases pain immediately

Walking

- 0- I have no pain while walking
- 1- I have some pain while walking but it doesn't increase w/ distance
- 2- I cannot walk more than 1 mile w/o increasing pain
- 3- I cannot walk more than ½ mile w/o increasing pain
- 4- I cannot walk more than ¼ mile w/o increasing pain
- 5- I cannot walk at all w/o increasing pain

Personal Care

- 0- I DO NOT have to change my way of washing/dressing in order to avoid pain
- 1- I DO NOT normally change my way of washing/dressing even though it may cause some pain
- 2- Washing/dressing increases the pain but I manage not to change my way of doing it
- 3- Washing/dressing increases the pain and I find it necessary to change my way of doing it
- 4- Because of the pain I am unable to do some washing and dressing without help
- 5- Because of the pain I am unable to do any washing/dressing without help

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
- 3- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table)
- 4- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
- 5- I can only lift very light weights

Traveling

- 0- I get no pain while traveling
- 1- I get some pain while traveling but none of my usual forms of travel make it worse
- 2- I get extra pain while traveling but it doesn't cause me to seek alternate forms of travel
- 3- I get extra pain while traveling which causes me to seek alternate forms of travel
- 4- Pain restricts all forms of travel except that done while lying down
- 5- Pain restricts all forms of travel

Social Life

- 0- My social life is normal and gives me no extra pain
- 1- My social life is normal but increases the degree of pain
- 2- Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc)
- 3- Pain has restricted my social life and I DO NOT go out very often

Changing degree of overall pain

- 0- My pain is rapidly getting better
- 1- My pain fluctuates but overall is definitely getting better
- 2- My pain seems to be getting better but improvement is slow
- 3- My pain is neither getting better or worse
- 4- My pain is gradually worsening
- 5- My pain is rapidly worsening