

# Neck Index

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, mark the one statement that most closely describes your problem.

## Pain Intensity

- 0 The pain comes and goes but 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 in bed but it does not prevent me from sleeping well.
- 2 Because of my pain my normal sleep is reduced by less than 25%.
- 3 Because of my pain my normal sleep is reduced by less than 50%.
- 4 Because of my pain my normal sleep is reduced by less than 75%.
- 5 Pain prevents me from sleeping at all.

## 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 not read as much as I want to due to moderate neck pain.
- 4 I can hardly read at all because of neck pain.
- 5 I can not read at all because of neck pain.

## Concentration

- 0 I can concentrate fully when I want to with no difficulty.
- 1 I can concentrate fully when I want to 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 can hardly concentrate at all, but am able to when I want.
- 5 I can not 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 can not do my *usual* work.
- 4 I can hardly do any work at all.
- 5 I can not do any work 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 not drive my car as long as I want due to moderate pain.
- 4 I can hardly drive at all because of severe neck pain.
- 5 I can not my car at all because of neck pain.

## Personal Care

- 0 I do not have to change my way of washing or dressing in order to avoid pain.
- 1 I do not normally change my way of washing or dressing even though it causes some pain.
- 2 Washing and dressing increases the pain but I manage not to change my way of doing it.
- 3 Washing and 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 or dressing without help.

## Recreation

- 0 I am able to engage in all my recreation activities without neck pain.
- 1 I am able to engage in all my recreation activities 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 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 can not do any recreation activities at all.

## 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 (ex. 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.
- 4 I can only lift very light weights.

## 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_