

# NECK PAIN

This questionnaire is designed to enable our doctors to understand how much your neck pain has affected your ability to manage your everyday activities.

PLEASE CHECK  **ONE ANSWER IN EACH SECTION THAT MOST APPLIES TO YOU.**

## 1. PAIN INTENSITY

- No pain at the moment
- Very mild at the moment
- Moderate at the moment
- Fairly severe at the moment
- Very severe at the moment
- Worst imaginable at the moment

## 2. PERSONAL CARE

- Normal without extra pain
- Normal with extra pain
- Painful and I'm slow / careful
- Manage most of my personal care with some help
- Need help every day in most aspects of self care
- Do not get dressed, wash with difficulty & stay in bed

## 3. LIFTING

- Lift heavy weights, without extra pain
- Lift heavy weights, with extra pain
- Lift heavy items from a table, but not the floor
- Lift moderate items from a table, but not the floor
- Lift very light weights
- Cannot lift or carry anything

## 4. READING

- As much as I want with no pain
- As much as I want with slight pain
- As much as I want with moderate pain
- Moderate pain prevents reading as much as I want
- Severe pain prevents reading as much as I want
- Cannot read at all

## 5. HEADACHES

- No headaches
- Slight headaches infrequently
- Moderate headaches infrequently
- Moderate headaches frequently
- Severe headaches frequently
- Constant headaches

## 6. CONCENTRATION

- Fully concentrate with no difficulty
- Fully concentrate with slight difficulty
- Fair degree of difficulty concentrating
- Lot of difficulty concentrating
- Extreme difficulty concentrating
- Cannot concentrate at all

## 7. WORK

- Work as much as I want
- Can do usual work, but no more
- Can do most of my usual work, but no more
- Cannot do my usual work
- Can hardly do any work at all
- Cannot do any work

## 8. DRIVING

- Drive without pain
- Drive as long as I want with slight pain
- Drive as long as I want with moderate pain
- Cannot drive as long as I want due to moderate pain
- Hardly drive at all due to severe pain
- Cannot drive at all

## 9. SLEEPING

- No trouble sleeping
- Sleep is mildly disturbed (less than 1 hour sleepless)
- Sleep is mildly disturbed (1-2 hours sleepless)
- Sleep is moderately disturbed (2-3 hours sleepless)
- Sleep is greatly disturbed (3-5 hours sleepless)
- Sleep is completely disturbed (5-7 hours sleepless)

## 10. RECREATION

- Can do all recreational activities with no pain
- Can do all recreational activities with some pain
- Can do most recreational activities with some pain
- Can do a few recreational activities with some pain
- Can hardly do any recreational activities
- Cannot do any recreational activities

Patient's or Guardian Signature: \_\_\_\_\_

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

CONFIDENTIAL

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