

# 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.*

## 1. Pain Intensity

- \_\_\_\_\_ I have no pain at the moment.
- \_\_\_\_\_ The pain is very mild at the moment.
- \_\_\_\_\_ The pain comes and goes and is moderate.
- \_\_\_\_\_ 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.

## 2. Personal Care (washing, dressing, etc.)

- \_\_\_\_\_ I can look after myself 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 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.

## 3. 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 moderately disturbed (2-3 hrs. sleepless).
- \_\_\_\_\_ My sleep is greatly disturbed (3-5 hrs. sleepless).
- \_\_\_\_\_ My sleep is completely disturbed (5-7 hrs. sleepless).

## 4. 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 cannot lift or carry anything at all.

## 5. 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 with moderate neck pain.
- \_\_\_\_\_ I cannot read as much as I want because of moderate neck pain.
- \_\_\_\_\_ I can hardly read at all because of severe neck pain.
- \_\_\_\_\_ I cannot read at all because of neck pain.

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### 6. Driving

- \_\_\_\_\_ I can drive without any neck pain.
- \_\_\_\_\_ I can drive as long as I want with slight neck pain.
- \_\_\_\_\_ I can drive as long as I want with moderate neck pain.
- \_\_\_\_\_ I cannot drive 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 because of neck pain.

### 7. 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 in concentrating when I want to.
- \_\_\_\_\_ I have a lot of difficulty in concentrating when I want to.
- \_\_\_\_\_ I have a great deal of difficulty in concentrating when I want to.
- \_\_\_\_\_ I cannot concentrate at all.

### 8. Recreation

- \_\_\_\_\_ I am able to engage in all my recreation activities without neck pain.
- \_\_\_\_\_ I am able to engage in all my usual recreation activities with some neck pain.
- \_\_\_\_\_ I am able to engage in most but not all of my usual recreation activities because of neck pain.
- \_\_\_\_\_ I am only able to engage in a few of my usual recreation activities because of neck pain.
- \_\_\_\_\_ I can hardly do any recreation activities because of neck pain.
- \_\_\_\_\_ I cannot do any recreation activities at all.

### 9. Work

- \_\_\_\_\_ I can do as much work as I want to.
- \_\_\_\_\_ I can only do my usual work, but no more.
- \_\_\_\_\_ I can 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.

### 10. 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.

( For office use only) Back Index Score \_\_\_\_\_

A high score indicates that there is an extreme amount of functional disability caused by neck pain. Vernon, H., & Mior, S. (1991). The neck disability index: A study of reliability and validity. *Journal of Manipulative and Physiological Therapeutics*, 14(7), 409-415.