

Date: _____
Patient: _____
Physician: _____

Initial Evaluation Progresss Note _____ Discharge

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each section by circling **one choice** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just circle **one choice** which closely describes your problem *right now*.

SECTION 1- Pain Intensity

- A. I have no pain at the moment
- B. The pain is mild at the moment
- C. The pain comes and goes and is moderate
- D. The pain is moderate and does not vary much
- E. The pain is severe but comes and goes
- F. The pain is severe and does not vary much

SECTION 2- Personal Care (Washing, dressing, etc.)

- A. I can look after myself without causing extra pain
- B. I can look after myself normally but it causes extra pain
- C. It is painful to look after myself and I am slow and careful
- D. I need some help, but manage most of my personal care
- E. I need help everyday in most aspects of self-care
- F. I do not get dressed, I wash with difficulty and stay in bed

SECTION 3- Lifting

- A. I can lift heavy weights without extra pain
- B. I can lift heavy weights, but it causes extra pain
- C. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- E. I can lift very light weights
- F. I cannot lift or carry anything at all

SECTION 4- Reading

- A. I can read as much as I want to with no pain in my neck
- B. I can read as much as I want with slight pain in my neck
- C. I can read as much as I want with moderate pain in my neck
- D. I cannot read as much as I want because of moderate pain in my neck
- E. I cannot read as much as I want because of severe pain in my neck
- F. I cannot read at all

SECTION 5-Headache

- A. I have no headaches at all
- B. I have slight headaches which come in-frequently
- C. I have moderate headaches which come in-frequently
- D. I have moderate headaches which come frequently
- E. I have severe headaches which come frequently
- F. I have headaches almost all the time

SECTION 6- Concentration

- A. I can concentrate fully when I want to with no difficulty
- B. I can concentrate fully when I want to with slight difficulty
- C. I have a fair degree of difficulty in concentrating when I want to
- D. I have a lot of difficulty in concentrating when I want to
- E. I have a great deal of difficulty in concentrating when I want to
- F. I cannot concentrate at all

Section 7- Work

- A. I can do as much work as I want to
- B. I can only do my usual work, but no more
- C. I can do most of my usual work, but no more
- D. I cannot do my usual work
- E. I can hardly do any work at all
- F. I cannot do any work at all

SECTION 8- Driving

- A. I can drive my car without neck pain
- B. I can drive my car as long as I want with slight pain in my neck
- C. I can drive my car as long as I want with moderate pain in my neck
- D. I cannot drive my car as long as I want because of moderate pain in my neck
- E. I can hardly drive my car at all because of severe pain in my neck
- F. I cannot drive my car at all

SECTION 9- Sleeping

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

Section 10- Recreation

- A. I am able to engage in all recreational activities with no pain in my neck at all
- B. I am able to engage in all recreational activities with some pain in my neck
- C. I am able to engage in most, but not all recreational activities because of pain in my neck
- D. I am able to engage in a few of my usual recreational activities because of pain in my neck
- E. I can hardly do any recreational activities because of pain in my neck
- F. I cannot do any recreational activities at all

DISABILITY INDEX SCORE: % _____