

PATIENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

**Description:** This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers below that best apply.

**1. Please rate your pain level with activity:** NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

### NECK DISABILITY INDEX – INITIAL VISIT

#### **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 worse imaginable at the moment.

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

- 0 I can look after myself normally without 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 manage most of my personal care.
- 4 I need help every day in most aspects of self care.
- 5 I cannot get dressed, wash with difficulty and stay in bed

#### **3. Lifting**

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights but it gives me extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are on a table.
- 3 Pain prevents me from lifting heavy weights but I can manage if they are conveniently placed.
- 4 I can lift only very light weights.
- 5 I cannot lift or carry anything at all.

#### **4. Headache**

- 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 infrequently.
- 5 I have headaches almost all the time.

#### **5. Recreation**

- 0 I am able engage in all my recreational activities without pain.
- 1 I am able to engage in my recreational activities with some pain.
- 2 I am able to engage in most but not all of my usual recreational activities because of my neck pain.
- 3 I am able to engage in a few of my usual recreational activities with some neck pain.
- 4 I can hardly do any recreational activities because of neck pain.
- 5 I can't do any recreational activities at all.

#### **6. Reading**

- 0 I can read as much as I want with no pain in my neck.
- 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't 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 because of neck pain.

#### **7. Work**

- 0 I can do as much as I want to.
- 1 I can only do my usual work but no more.
- 2 I can do most of my usual work but no more.
- 3 I cannot do my usual work.
- 4 I can hardly do any usual work at all.
- 5 I can't do any work at all.

#### **8. Sleeping**

- 0 Pain does not prevent me from sleeping well.
- 1 My sleep is slightly disturbed (<1 hr sleep loss).
- 2 My sleep is mildly disturbed (1-2 hr sleep loss).
- 3 My sleep is moderately disturbed (2-3 hr sleep loss).
- 4 My sleep is greatly disturbed (3-4 hr sleep loss).
- 5 My sleep is completely disturbed (5-7 hr sleep loss).

#### **9. Concentration**

- 0 I can concentrate fully when I want with no difficulty.
- 1 I can concentrate fully when I want 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 have great difficulty concentrating when I want.
- 5 I cannot concentrate at all.

#### **10. Driving**

- 0 I can drive my car without 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't drive my car as long as I want because of moderate pain.
- 4 I can hardly drive my car at all because of severe neck pain.
- 5 I can't drive my car at all.