

Name: _____

Date: _____

How long have you had neck pain? _____ years _____ months _____ weeks

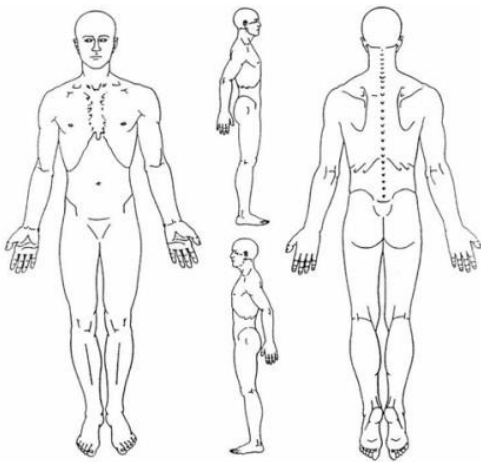
Visual Analog Pain Scale

Instructions: Place a mark along the line to indicate your current neck pain level in relation to the two extremes. This will serve only as an approximation of your current pain.

No pain

**The worst
Imaginable pain**

On the diagram below, please indicate where you are experiencing neck pain or other symptoms.



- A=Aching
- B=Burning
- N=Numbness
- P=Pins and needles
- S=Stabbing
- O=Other

Visual Analog Pain Scale

Instructions: Place a mark along the line to indicate your current arm pain level in relation to the two extremes. This will serve only as an approximation of your current pain.

No pain

**The worst
Imaginable pain**

Medication Usage

Type of pain medication you are currently using _____ Strength _____

Average number of tablets taken in a 24 hour period over the past week _____

*****For office use only*****

Neck Disability Index Score _____ %

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the 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 the one choice which closely describes your problem right now.

<p>Section 1: Pain Intensity</p> <ol style="list-style-type: none"> 1. I have no pain at the moment 2. The pain is very mild at the moment 3. The pain is moderate at the moment 4. The pain is fairly severe at the moment 5. The pain is very severe at the moment 6. The pain is the worst imaginable at the moment 	<p>Section 6: Work</p> <ol style="list-style-type: none"> 1. I can do as much work as I want to 2. I can only do my usual work, but no more 3. I can do most of my usual work, but no more 4. I cannot do my usual work 5. I can hardly do any work at all 6. I can't do any work at all
<p>Section 2: Personal Care (Washing, Dressing, etc.)</p> <ol style="list-style-type: none"> 1. I can look after myself normally without causing extra pain 2. I can look after myself normally but it causes extra pain 3. It is painful to look after myself and I am slow and careful 4. I need some help but can manage most of my personal care 5. I need help every day in most aspects of self care 6. I do not get dressed, I wash with difficulty and stay in bed 	<p>Section 7: Concentration</p> <ol style="list-style-type: none"> 1. I can concentrate fully when I want to with no difficulty 2. I can concentrate fully when I want to with slight difficulty 3. I have a fair degree of difficulty in concentrating when I want to 4. I have a lot of difficulty in concentrating when I want to 5. I have a great deal of difficulty in concentrating when I want to 6. I cannot concentrate at all
<p>Section 3: Lifting</p> <ol style="list-style-type: none"> 1. I can lift heavy weights without extra pain 2. I can lift heavy weights but it gives extra pain 3. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table 4. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned 5. I can only lift very light weights 6. I cannot lift or carry anything 	<p>Section 8: Driving</p> <ol style="list-style-type: none"> 1. I can drive my car without any neck pain 2. I can drive my car as long as I want with slight pain in my neck 3. I can drive my car as long as I want with moderate pain in my neck 4. I can't drive my car as long as I want because of moderate pain in my neck 5. I can hardly drive at all because of severe pain in my neck 6. I can't drive my car at all
<p>Section 4: Reading</p> <ol style="list-style-type: none"> 1. I can read as much as I want to with no pain in my neck 2. I can read as much as I want to with slight pain in my neck 3. I can read as much as I want with moderate pain in my neck 4. I can hardly read at all because of moderate pain in my neck 5. I can hardly read at all because of severe pain in my neck 6. I cannot read at all 	<p>Section 9: Sleeping</p> <ol style="list-style-type: none"> 1. I have no trouble sleeping 2. My sleep is slightly disturbed (less than 1 hr sleepless) 3. My sleep is mildly disturbed (1-2 hrs sleepless) 4. My sleep is moderately disturbed (2-3 hrs sleepless) 5. My sleep is greatly disturbed (3-5 hrs sleepless) 6. My sleep is completely disturbed (5-7 hrs sleepless)
<p>Section 5: Headaches</p> <ol style="list-style-type: none"> 1. I have no headaches at all 2. I have slight 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 	<p>Section 10: Recreation</p> <ol style="list-style-type: none"> 1. I am able to engage in all my recreation activities with no neck pain at all 2. I am able to engage in all my recreation activities, with some pain in my neck 3. I am able to engage in most, but not all of my usual recreation activities because of pain in my neck 4. I am able to engage in a few of my usual recreation activities because of pain in my neck 5. I can hardly do any recreation activities because of pain in my neck 6. I can't do any recreation activities at all

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