

### PAIN SCALE

If you have pain, what is your pain level?

0 = No Pain; 10 = Extreme Pain

CURRENT Pain Level:

0 1 2 3 4 5 6 7 8 9 10

Pain level at BEST:

0 1 2 3 4 5 6 7 8 9 10

Pain level at WORST:

0 1 2 3 4 5 6 7 8 9 10

### FOTO

**IF YOU HAVE MEDICARE, PLEASE ANSWER THESE 10 QUESTIONS. IF YOU DO NOT HAVE MEDICARE, PLEASE GO TO THE NEXT PAGE.**

*We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please circle the number based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.*

How much does your problem limit:	NOT AT ALL	A LITTLE	A LOT
1. Vigorous activities like running, lifting heavy objects, sports?	3	2	1
2. Participating in recreational sport?	3	2	1
3. Moderate activities like moving a table or pushing a vacuum cleaner?	3	2	1
4. Lifting or carrying items like groceries?	3	2	1
5. Lifting overhead to a cabinet?	3	2	1
6. Gripping or opening a can?	3	2	1
7. Handling of small items such as a pen or coins?	3	2	1
8. Feeding yourself?	3	2	1
9. Getting in and out of a chair?	3	2	1
10. Bathing or dressing?	3	2	1
11. Completing your toileting?	3	2	1
			Total

# NECK DISABILITY INDEX

## ALL PATIENTS PLEASE ANSWER THESE QUESTIONS

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

### Section 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 worst imaginable at the moment.

### Section 2 - Personal Care (Washing, Dressing, etc.)

- (0) I can look after myself normally without causing 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 do not get dressed, I wash with difficulty and stay in bed.

### Section 3 - Lifting

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

### Section 4 - Reading

- (0) I can read as much as I want to with no pain in my neck.
- (1) I can read as much as I want to with slight pain in my neck.
- (2) I can read as much as I want with moderate pain.
- (3) I can't read as much as I want because of moderate pain in my neck.
- (4) I can hardly read at all because of severe pain in my neck.
- (5) I cannot read at all.

### Section 5 - Headaches

- (0) I have no headaches at all.
- (1) I have slight headaches which come infrequently.
- (2) I have slight headaches which come frequently.
- (3) I have moderate headaches which come infrequently.
- (4) I have severe headaches which come frequently.
  
- (5) I have headaches almost all the time.

### Section 6 - Concentration

- (0) I can concentrate fully when I want to with no difficulty.
- (1) I can concentrate full when I want to with slight difficulty.
- (2) I have a fair degree of difficulty in concentrating when I want to.
- (3) I have a lot of difficulty in concentrating when I want to.
- (4) I have a great deal of difficulty in concentrating when I want to.
- (5) I cannot concentrate at all.

### Section 7 - Work

- (0) I can do as much work 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 work at all.
- (5) I can't do any work at all.

### Section 8 - Driving

- (0) I drive my car without any neck pain.
- (1) I can drive my car as long as I want with slight pain in my neck.
- (2) I can drive my car as long as I want with moderate pain in my neck.
  
- (3) I can't drive my car as long as I want because of moderate pain in my neck.
- (4) I can hardly drive my car at all because of severe pain in my neck.
- (5) I can't drive my car at all.

### Section 9 - Sleeping

- (0) I have no trouble sleeping.
- (1) My sleep is slightly disturbed (less than 1 hr. sleepless)
- (2) My sleep is moderately disturbed (1-2 hrs. sleepless)
- (3) My sleep is moderately disturbed (2-3 hrs. sleepless)
- (4) My sleep is greatly disturbed (3-4 hrs. sleepless)
- (5) My sleep is completely disturbed (5-7 hrs. sleepless)

### Section 10 - Recreation

- (0) I am able to engage in all my recreation activities which no neck pain at all.
- (1) I am able to engage in all my recreation activities with some pain in my neck.
- (2) I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck.
- (3) I am able to engage in a few of my usual recreation activities because of pain in my neck.
- (4) I can hardly do any recreation activities because of pain in my neck.
- (5) I can't do any recreation activities at all.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered significant ADL disability.  
(Score \_\_\_\_\_ x 2) / ( \_\_\_\_\_ Sections x 10) = \_\_\_\_\_ % ADL

Comments: \_\_\_\_\_