

Neck Index

Patient Name Date

If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

1. I have no pain at the moment.
2. The pain is very mild at the moment.
3. The pain comes and goes and is moderate.
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.

Sleeping

1. I have no trouble sleeping.
2. My sleep is slightly disturbed (less than 1 hour sleepless).
3. My sleep is mildly disturbed (1-2 hours sleepless).
4. My sleep is completely disturbed (5-7 hours sleepless).
5. My sleep is moderately disturbed (2-3 hours sleepless).
6. My sleep is greatly disturbed (3-5 hours sleepless).

Reading

1. I can read as much as I want with no neck pain.
2. I can read as much as I want with slight neck pain.
3. I can read as much as I want with moderate neck pain.
4. I cannot read at all because of neck pain.
5. I cannot read as much as I want because of moderate neck pain.
6. I can hardly read at all because of severe neck pain.

Concentration

1. I can concentrate fully when I want with no difficulty.
2. I can concentrate fully when I want with slight difficulty.
3. I have a fair degree of difficulty concentrating when I want.
4. I cannot concentrate at all.
5. I have a lot of difficulty concentrating when I want.
6. I have a great deal of difficulty concentrating when I want.

Work

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

Personal Care

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 I 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.

Lifting

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

Driving

1. I can drive my car without any neck pain.
2. I can drive my car as long as I want with slight neck pain.
3. I can drive my car as long as I want with moderate neck pain.
4. I cannot drive my car at all because of neck pain.
5. I cannot drive my car as long as I want because of moderate neck pain.
6. I can hardly drive at all because of severe neck pain.

Recreation

1. I am able to engage in all my recreation activities without neck pain.
2. I am able to engage in all my usual recreation activities with some neck pain.
3. I cannot do any recreation activities at all.
4. I am only able to engage in a few of my usual recreation activities because of neck pain.
5. I can hardly do any recreation activities because of neck pain.
6. I am able to engage in most but not all my usual recreation activities because of neck pain.

Headaches

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

Disabilities of the Arm, Shoulder, Hand

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response. Please answer **all** questions as best you can.

Activity	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar	1	2	3	4	5
2. Write	1	2	3	4	5
3. Turning a key	1	2	3	4	5
4. Prepare a meal	1	2	3	4	5
5. Push open a heavy door	1	2	3	4	5
6. Place an object on a shelf above your head	1	2	3	4	5
7. Heavy household chores (wash walls or floors)	1	2	3	4	5
8. Gardening or yard work	1	2	3	4	5
9. Make a bed	1	2	3	4	5
10. Carry a shopping bag or briefcase	1	2	3	4	5
11. Carry heavy object over 10 pounds	1	2	3	4	5
12. Change a light bulb overhead	1	2	3	4	5
13. Wash were blow dry your hair	1	2	3	4	5
14. Wash your back	1	2	3	4	5
15. Put on a pullover sweater	1	2	3	4	5
16. Use a knife to cut food	1	2	3	4	5
17. Recreational activities which require little effort (card playing, knitting etc.)	1	2	3	4	5
18. Recreational activities which take some force or impact through arm, shoulder or hand (golf, hammering, tennis etc.)	1	2	3	4	5
19. Recreational activities in which you move your arm freely (Frisbie, badminton, ect)	1	2	3	4	5
20. Managed transportation needs (getting from one place to another)	1	2	3	4	5
21. Sexual activities	1	2	3	4	5

	Not limited	Slightly limited	Moderately limited	Very limited	Unable
22. During the past week to what extent has your arm, shoulder or hand problem interfered with normal social activities?	1	2	3	4	5
23. During the past week were used limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

Please rate the severity of the following symptoms in the past week

	None	Mild	Moderate	Severe	Extreme
24. Arm, shoulder or hand pain	1	2	3	4	5
25. Arm shoulder or hand pain with specific activity	1	2	3	4	5
26. Tingling/pins-and-needles in your arm, shoulder or hand	1	2	3	4	5

	None	Mild	Moderate	Severe	Extreme
27. Weakness in your arm, shoulder or hand	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand	1	2	3	4	5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Can't Sleep at All
29. During the past week how much difficulty have you had sleeping because of your arm, shoulder or hand pain	1	2	3	4	5
	Strongly Disagree	Disagree	Neither Agreed for Disagree	Agree	Strongly Agree
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem	1	2	3	4	5

Score = _____ ((sum of n responses/n)-1) x 25 where n = number of completed responses

Work Module (optional).

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work including homemaking if that is your main work role.

____ I do not work (skip this section). Indicate your job/work _____

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for work	1	2	3	4	5
2. Doing your usual work because of arm, shoulder or hand pain	1	2	3	4	5
3. Doing your work as well as you would like	1	2	3	4	5
4. Spending your usual amount of time doing your work	1	2	3	4	5

Sports/Performing Arts Module (optional)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

____ I do not play a sport or an instrument.

Sport or instrument that is most important to you: _____

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder or hand pain	1	2	3	4	5
3. Playing as well as you would like	1	2	3	4	5
4. Spending your usual amount of time practicing or playing	1	2	3	4	5