Name	Date	
THE NECK DI This questionnaire has been designed to inform us how everyday life. Please answer every section and mark in realize you may consider that two of the statements in which most closely describes your problem.	SABILITY INDEX your neck problem has affected your ability to manage in each section only the ONE box which applies to you. We any one section relate to you, but please just mark the box  Section 6 - Concentration	
Section 1- Pain Intensity  I have no pain at the moment.  The pain is very mild at the moment.  The pain is moderate at the moment.  The pain is fairly severe at the moment.  The pain is very severe at the moment.  The pain is the worst imaginable at the moment.  Section 2 - Personal Care (Washing, Dressing, etc)  I can look after myself normally without causing extra pain.  I can look after myself normally but it causes extra pain.  I t is painful to look after myself and I am slow and careful.  I need some help but manage most of my personal care.  I need help every day in most aspects of self care.  I do not get dressed, I wash with difficulty and stay in bed.	☐ I can concentrate fully when I want to with no difficulty ☐ I can concentrate fully when I want to with slight difficulty. ☐ I have a fair degree of difficulty in concentrating when I want to. ☐ I have a lot of difficulty in concentrating when I want to ☐ I have a great deal of difficulty in concentrating when I want to.	
	☐ I cannot concentrate at all.  Section 7 - Work  ☐ I can do as much work as I want to. ☐ I can only do my usual work but no more. ☐ I can do most of my usual work, but no more. ☐ I cannot do my usual work. ☐ I can hardly do any work at all. ☐ I can't do any work at all.	
Section 3 - Lifting  I can lift heavy objects without extra pain.  I can lift heavy objects but it gives extra pain.  Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned, for example on a table.  Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.  I can lift very light objects.  I cannot lift or carry anything at all.	Section 8 - Driving  I can drive my car without any neck pain.  I can drive my car as long as I want with slight pain in my neck.  I can drive my car as long as I want with moderate pain in my neck.  I can't drive my car as long as I want because of moderate pain in my neck.  I can hardly drive at all because of severe pain in my neck.  I can't drive my car at all.	
Section 4- Reading	Section 9 - Sleeping	

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

## Section 10 - Recreation

- ☐ I am able to engage in all my recreation activities with no neck pain at all.
- $\hfill \square$  I am able to engage in all my recreation activities with some pain in my neck.
- ☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- ☐ I am able to engage in a few of my usual recreation activities because of pain in my neck.
- ☐ I can hardly do any recreation activities because of pain in my neck.
- ☐ I can't do any recreation activities at all.

Section	5 -	Head	laches
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☐ I cannot read at all.

neck.

neck.

in my neck.

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.

☐ I can read as much as I want with no neck pain.

I can read as much as I want to with slight pain in my

☐ I can read as much as I want with moderate pain in my

☐ I can't read as much as I want because of moderate pain

☐ I can hardly read at all because of severe pain in my

- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.