NECK INDEX **Name:**______________________ **DOB:**______________________
Date:______________________ **File #:**______________ **Dr. Initial:**______________________

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem. Thank you!! Chiropractic Professional Center

Pain Intensity

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

Sleeping

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

Reading

0. I can read as much as I want with no neck pain
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 can't read at all because of neck pain

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 a great deal of difficulty of concentrating when I want
5. I cannot concentrate at all

Work

0. I can do as much work as I want
1. I can only do my usual but no more
2. I can only 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 cannot do any work at all

Neck Index Score [ ]

Personal Care

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

Lifting

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

Driving

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

Recreation

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

Headaches

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 frequently
5. I have headaches almost all the time

OVER→

HEADACHE DISABLILITY INDEX

INSTRUCTIONS: PLEASE CIRCLE THE CORRECT REPONSE:

1. I HAVE HEADACHE: -**1 PER MONTH**
   -**MORE THAN 1 BUT LESS THAN 4 PER MONTH**
   -**MORE THAN 1 PER WEEK**
2. MY HEADACHE IS: -**MILD**
   -**MODERATE**
   -**SEVERE**

INSTRUCTIONS: (Please read carefully): The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

	YES	SOMETIMES	NO
E1. Because of my headaches I feel handicapped.	☐	☐	☐
F2. Because of my headaches I feel restricted in preforming my routine daily activities.	☐	☐	☐
E3. No one understands the effect my headaches have on my life.	☐	☐	☐
F4. I restrict my recreational activities (sports, hobbies) because of my headaches.	☐	☐	☐
E5. My headaches make me angry.	☐	☐	☐
56. Sometimes I feel that I am going to lose control because of my headaches.	☐	☐	☐
F7. Because of my headaches, I am less likely to socialize.	☐	☐	☐
E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.	☐	☐	☐
E9. My headaches are so bad that I feel I am going to go insane.	☐	☐	☐
E10. My outlook on the world is affected by my headaches.	☐	☐	☐
E11. I am afraid to go outside when I feel that a headache is starting.	☐	☐	☐
E12. I feel desperate because of my headaches.	☐	☐	☐
F13. I am concerned that I am paying penalties at wok or at home because of my headaches.	☐	☐	☐
E14. My headaches place stress on my relationships with family or friends.	☐	☐	☐
F15. I avoid being around people when I have a headache.	☐	☐	☐
F16. I believe my headaches are making it difficult for me to achieve my goals in life.	☐	☐	☐
F17. I am unable to think clearly because of my headaches.	☐	☐	☐
F18. I get tense (muscle tension) because of my headaches.	☐	☐	☐
F19. I do not enjoy social gatherings because of my headaches.	☐	☐	☐
F20. I feel irritable because of my headaches.	☐	☐	☐
F21. I avoid traveling because of my headaches.	☐	☐	☐
E22. My headaches make me feel confused.	☐	☐	☐
E23. My headaches make me feel frustrated.	☐	☐	☐
F24. I find it difficult to read because of my headaches.	☐	☐	☐
F25. I find it difficult to focus my attention away from my headaches and on other things.	☐	☐	☐