

Patient Name: _____

Date: _____

Do you have neck pain?

Yes No

If **yes**, please fill out the following in regards to your neck pain:

Cervical Visual Analog Scale (VAS) - (Please rate your pain on a scale of 0 to 10: 0 indicating no pain, 5 indicating moderate pain, and 10 indicating the worst possible pain. Please **check only one box** with the corresponding number.)

Left Shoulder Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Right Shoulder Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Left Arm Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Right Arm Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Left Hand Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Right Hand Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Cervical Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10

New Pain Existing Pain New Numbness Existing Numbness

Place Label Here

NECK DISABILITY INDEX

This questionnaire has been designed to give your health care provider information as to how your neck pain has affected your ability to manage in everyday life. Please answer every question by placing a mark on the line that best describes your condition today. You may feel that two of the statements may describe your condition, but **please mark only the line which most closely describes your current condition.**

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.

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.
- It 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.

Lifting

- I can lift heavy weights without increased pain
- I can lift heavy weights but it causes increased pain
- Pain prevents me from lifting heavy weights off of the floor, but can manage if they're conveniently positioned (ex. on table)
- Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want to with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I cannot read as much as I want because of severe pain in my neck.
- I cannot read at all.

Headache

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

Concentration

- 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 concentrating when I want to.
- I cannot concentrate at all.

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 cannot do any work at all.

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 cannot 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 cannot drive my car at all.

Sleeping

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

Recreation

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities with some pain in my neck.
- I am able to engage in most but not all of my usual recreational activities because of pain in my neck.
- I am able to engage in a few of my usual recreational activities because of pain in my neck.
- I can hardly do any recreational activities because of pain in my neck.
- I cannot do any recreational activities at all.

