Neck Index
Form N1-100

Patient Name ________________________ Date ________________________

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.

Pain Intensity
01 I have no pain at the moment.
02 The pain is very mild at the moment.
03 The pain comes and goes and is moderate.
04 The pain is fairly severe at the moment.
05 The pain is very severe at the moment.
06 The pain is the worst imaginable at the moment.

Sleeping
01 I have no trouble sleeping.
02 My sleep is slightly disturbed (less than 1 hour sleepless).
03 My sleep is mildly disturbed (1-2 hours sleepless).
04 My sleep is moderately disturbed (2-3 hours sleepless).
05 My sleep is greatly disturbed (3-5 hours sleepless).
06 My sleep is completely disturbed (5-7 hours sleepless).

Reading
01 I can read as much as I want with no neck pain.
02 I can read as much as I want with slight neck pain.
03 I can read as much as I want with moderate neck pain.
04 I cannot read as much as I want because of moderate neck pain.
05 I cannot read at all because of severe neck pain.
06 I cannot read at all because of neck pain.

Concentration
01 I can concentrate fully when I want with no difficulty.
02 I can concentrate fully when I want with slight difficulty.
03 I have a fair degree of difficulty concentrating when I want.
04 I have a lot of difficulty concentrating when I want.
05 I cannot concentrate at all.

Lifting
01 I can lift heavy weights without extra pain.
02 I can lift heavy weights but it causes extra pain.
03 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
04 I can only lift very light weights.
05 I cannot lift or carry anything at all.

Driving
01 I can drive my car without any neck pain.
02 I can drive my car as long as I want with slight neck pain.
03 I can drive my car as long as I want with moderate neck pain.
04 I cannot drive my car as long as I want because of moderate neck pain.
05 I cannot drive my car at all because of severe neck pain.
06 I cannot drive my car at all because of neck pain.

Recreation
01 I am able to engage in all my recreation activities without neck pain.
02 I am able to engage in all my usual recreation activities with some neck pain.
03 I am able to engage in most but not all my usual recreation activities because of neck pain.
04 I am only able to engage in a few of my usual recreation activities because of neck pain.
05 I cannot do any recreation activities at all.

Headaches
01 I have no headaches at all.
02 I have slight headaches which come infrequently.
03 I have moderate headaches which come infrequently.
04 I have severe headaches which come frequently.
05 I have headaches almost all the time.

Index Score = \[ \text{Sum of all statements selected} / (\# \text{ of sections with a statement selected} \times 5) \] \times 100