

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

NAME: _____

DATE: _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST MARK THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p>SECTION 1 - PAIN INTENSITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have NO pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment. 	<p>SECTION 6 - CONCENTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all.
<p>SECTION 2 -PERSONAL CARE (WASHING, DRESSING, ETC.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally, but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed. 	<p>SECTION 7 - WORK</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all.
<p>SECTION 3 - LIFTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it gives me extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>SECTION 8 - DRIVING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. <input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. <input type="checkbox"/> I cannot drive my car at all.
<p>SECTION 4 - READING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want to with moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of severe pain in my neck. <input type="checkbox"/> I cannot read at all. 	<p>SECTION 9 - SLEEPING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours)
<p>SECTION 5 - HEADACHES</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time. 	<p>SECTION 10 - RECREATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am able to engage in all of my recreational activities with no neck pain at all. <input type="checkbox"/> I am able to engage in all of my recreational activities with some pain in my neck. <input type="checkbox"/> I am able to engage in most, but not all of my recreational activities because of pain in my neck. <input type="checkbox"/> I am able to engage in a few of my recreational activities because of pain in my neck. <input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck. <input type="checkbox"/> I cannot do any recreational activities at all.

LOW BACK DISABILITY QUESTIONNAIRE

NAME _____

DATE: _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST MARK THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p>SECTION 1 - PAIN INTENSITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> The pain comes and goes and is very mild. <input type="checkbox"/> The pain is mild and does not vary much. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain comes and goes and is very severe. <input type="checkbox"/> The pain is severe and does not vary much. 	<p>SECTION 6- STANDING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without pain. <input type="checkbox"/> I have some pain on standing, but it does not increase with time. <input type="checkbox"/> I cannot stand for longer than one hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than 1/2 hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain. <input type="checkbox"/> I avoid standing because it increases the pain right away.
<p>SECTION 2 - PERSONAL CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain. <input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain. <input type="checkbox"/> Washing and dressing increases the pain, but I manage not to change my way of doing it. <input type="checkbox"/> Washing and dressing increases the pain, and I find it necessary to change my way of doing it. <input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help. <input type="checkbox"/> Because of the pain, I am unable to do any washing and dressing without help. 	<p>SECTION 7 - SLEEPING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I get no pain in bed. <input type="checkbox"/> I get pain in bed, but it does not prevent me from sleeping well. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 1/4. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 1/2. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 3/4. <input type="checkbox"/> Pain prevents me from sleeping at all.
<p>SECTION 3 - LIFTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table). <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can only lift very light weights at the most. 	<p>SECTION 8 - SOCIAL LIFE</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and gives me no pain. <input type="checkbox"/> My social life is normal but increases the degree of pain. <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc. <input type="checkbox"/> Pain has restricted my social life, and I do not go out very often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of the pain.
<p>SECTION 4 - WALKING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain on walking. <input type="checkbox"/> I have some pain on walking, but it does not increase with distance. <input type="checkbox"/> I cannot walk more than one mile without increasing pain. <input type="checkbox"/> I cannot walk more than 1/2 mile without increasing pain. <input type="checkbox"/> I cannot walk more than 1/4 mile without increasing pain. <input type="checkbox"/> I cannot walk at all without increasing pain. 	<p>SECTION 9 - TRAVELING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I get no pain while traveling. <input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel makes it any worse. <input type="checkbox"/> I get extra pain while travelling, but it does not compel me to seek alternative forms of travel. <input type="checkbox"/> I get extra pain while traveling, which compels me to seek alternative forms of travel. <input type="checkbox"/> Pain prevents all forms of travel except that done lying down. <input type="checkbox"/> Pain restricts all forms of travel.
<p>SECTION 5 - SITTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting for more than one hour. <input type="checkbox"/> Pain prevents me from sitting for more than 1/2 hour. <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> I avoid sitting because it increases pain right away. 	<p>SECTION 10 - CHANGING DEGREE OF PAIN</p> <ul style="list-style-type: none"> <input type="checkbox"/> My pain is rapidly getting better. <input type="checkbox"/> My pain fluctuates but is definitively getting better. <input type="checkbox"/> My pain seems to be getting better, but my improvement is slow at present. <input type="checkbox"/> My pain is neither getting better nor worse. <input type="checkbox"/> My pain is gradually worsening. <input type="checkbox"/> My pain is rapidly worsening.