**Neck Pain Index Questionnaire**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 selecting 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 select the one choice** which most closely describes your problem right now.

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| **Section 1: Pain Intensity** | **Section 2: Personal Care** |
| ○ 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. | ○ 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 can manage most of my personal care.○ I need help every day in most aspects of self-care.○ I do not get dressed, wash with difficulty and stay in bed. |
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| **Section 3: Lifting** | **Section 4: Reading** |
| ○ I can lift heavy weights without extra pain.○ I can lift heavy weights but it gives me extra pain.○ Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table).○ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.○ I can only lift very light weights.○ I cannot lift or carry anything. | ○ I can read as much as I want with no pain in my neck.○ I can read as much as I want with **slight** pain in my neck.○ I can read as much as I want to with **moderate** pain.○ I **can’t** read as much as I want because of **moderate** pain in my neck.○ I can hardly read at all because of **severe** pain in my neck.○ I cannot read at all. |
| **Section 5: Headaches** | **Section 6: Concentration** |
| ○ I have no headaches at all.○ I have **slight** headaches which come **infrequently.**○ I have **slight** headaches which come **frequently.**○ I have **moderate** headaches which come **infrequently.**○ I have **moderate** headaches which come **frequently.**○ I have headaches almost all the time. | ○ 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.○ 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** | **Section 8: Driving** |
| ○ 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. | ○ I 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 my car at all because of **severe** pain in my neck.○ I can’t drive my car at all. |
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| **Section 9: Sleeping** | **Section 10: Recreation** |
| ○ I have no trouble sleeping○ My sleep is **slightly** disturbed (less than 1 hr. sleepless).○ My sleep is **mildly** disturbed (1-2 hrs. sleepless)○ My sleep is **moderately** disturbed (2-3 hrs. sleepless)○ My sleep is **greatly** disturbed (3-4 hrs. sleepless).○ My sleep is **completely** disturbed (5-7 hrs. sleepless) | ○ I am able to engage in all my recreation activities with **no neck pain** at all.○ 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. |

**Score:** \_\_\_\_\_\_\_\_/ 50