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	Lifting
I have no pain at the moment.	I can lift heavy weights without extra pain.
① The pain is very mild at the moment.	① I can lift heavy weights but it causes extra pain.
② The pain comes and goes and is moderate.	② Pain prevents me from lifting heavy weights off the floor, but
The pain is fairly severe at the moment.	I can manage if they are conveniently positioned (e.g., on a table).
The pain is very severe at the moment.	3 Pain prevents me from lifting heavy weights off the floor, but I can
The pain is the worst imaginable at the moment.	manage light to medium weights if they are conveniently positioned.
	I can only lift very light weights.
Sleeping	⑤ I cannot lift or carry anything at all.
I have no trouble sleeping.	B : :
① My sleep is slightly disturbed (less than 1 hour sleepless).	Driving
② My sleep is mildly disturbed (1-2 hours sleepless).	I can drive my care without any neck pain.
My sleep is moderately disturbed (2-3 hours sleepless).	① I can drive my car as long as I want with slight neck pain.
My sleep is greatly disturbed (3-5 hours sleepless).	② I can drive my car as long as I want with moderate neck pain.
My sleep is completely disturbed (5-7 hours sleepless).	③ I cannot drive my car as long as I want because of moderate neck pain.
Reading	(4) I can hardly drive at all because of severe neck pain.
I can read as much as I want with no neck pain.	I cannot drive my car at all because of neck pain.
① I can read as much as I want with slight neck pain.	Tournet drive my our at an boodage of floor pain.
② I can read as much as I want with moderate neck pain.	Recreation
③ I cannot read as much as I want because of moderate neck pain.	I am able to engage in all my recreation activities without neck pain.
I can hardly read at all because of severe neck pain.	① I am able to engage in all my usual recreation activities with some
I cannot read at all because of neck pain.	neck pain.
·	② I am able to engage in most but not all of my usual recreation
Concentration	activities because of neck pain.
I can concentrate fully when I want to with no difficulty.	③ I am only able to engage in a few of my usual recreation
① I can concentrate fully when I want with slight difficulty.	activities because of neck pain.
② I have a fair degree of difficulty concentrating when I want.	 I can hardly do any recreation activities because of neck pain.
③ I have a lot of difficulty concentrating when I want.	⑤ I cannot do any recreation activities at all.
I have a great deal of difficulty concentrating when I want.	
I cannot concentrate at all.	Headaches
NA/a wile	I have no headaches at all.
Work	① I have slight headaches with come infrequently.
I can do as much work as I want.	② I have moderate headaches which come infrequently.
① I can only do my usual work but no more.	I have moderate headaches which come frequently.I have severe headaches which come frequently.
② I can only do most of my usual work but no more. ③ I cannot do my usual work.	I have headaches almost all the time.
A can hardly do any work at all.	Thave headaches aimost air the time.
(a) I cannot do any work at all.	
Personal Care	
⊙ I can look after myself normally without causing extra pain.	
① I can look after myself normally but it causes extra pain.	
② It is painful to look after myself and I am slow and careful.	Neck [

3 I need some help but I manage most of my personal care.

⑤ I do not get dressed, I wash with difficulty and stay in bed.

4 I need help every day in most aspects of self care.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Index

Score: