

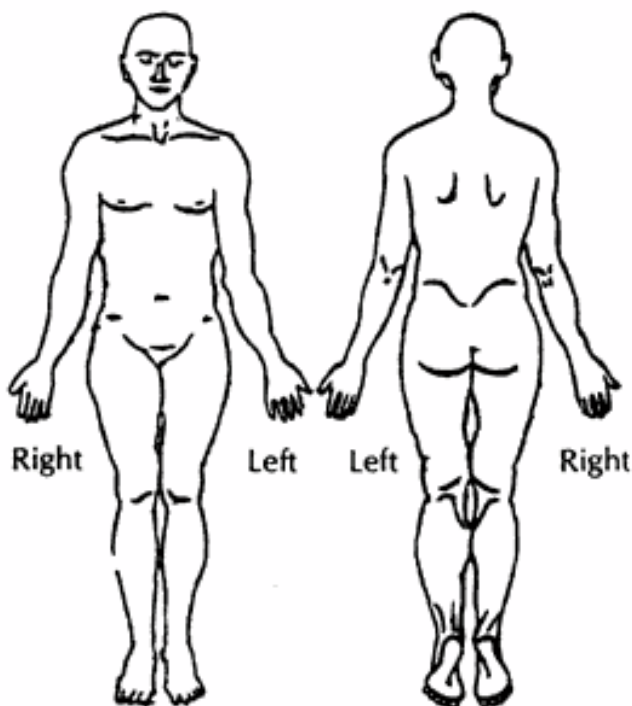


**Penn Medicine**  
Princeton Medical Center

## Neck Pain

Today's Date \_\_\_\_\_

Please indicate where you have pain by drawing the letter abbreviations in the locations that most accurately reflect your type of discomfort.



Tingling=T   Dull Pain=D   Sharp Pain=P   Burning=B   Stiffness=S  
Numbness=N

**Please complete questionnaire on the other side→**

**Neck Disability Index**

Please read each statement and mark the box that best describes your condition today.

<b>Pain Intensity</b> <input type="checkbox"/> The pain intensity I have is very low and I do not have to use pain medication. <input type="checkbox"/> The pain is bad, but I manage without having to take pain medication. <input type="checkbox"/> Pain medication provides me with complete relief from pain. <input type="checkbox"/> Pain medication provides me with moderate relief from pain. <input type="checkbox"/> Pain medication provides me with little relief from pain. <input type="checkbox"/> Pain medication provides has no effect on my pain.	<b>Concentration</b> <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 in 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.
<b>Personal Care (Washing, Dressing)</b> <input type="checkbox"/> I can take care of myself normally without causing increased pain. <input type="checkbox"/> I can take care of myself normally, but it increases my pain. <input type="checkbox"/> It is painful to take care of myself, and I am slow and careful. <input type="checkbox"/> I need help, but I am able to manage most of my personal care. <input type="checkbox"/> I need help everyday in most aspects of my care. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed.	<b>Work</b> <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.
<b>Lifting</b> <input type="checkbox"/> I can lift heavy weights without increased pain. <input type="checkbox"/> I can lift heavy weights, but it causes increased pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (ie, 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 only very light weights. <input type="checkbox"/> I cannot lift or carry anything at all.	<b>Driving</b> <input type="checkbox"/> I can drive my car without 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 my car at all because of severe pain in my neck. <input type="checkbox"/> I cannot drive my car at all.
<b>Reading</b> <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 with slight pain in my neck. <input type="checkbox"/> I can read as much as I want 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.	<b>Sleeping</b> <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 sleepless).
<b>Headache</b> <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 in-frequently. <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.	<b>Recreation</b> <input type="checkbox"/> I am able engage in all recreational activities with no pain in my neck at all. <input type="checkbox"/> I am able engage in all recreational activities with some pain in my neck. <input type="checkbox"/> I am able engage in most, but not all recreational activities because of pain in my neck. <input type="checkbox"/> I am able engage in a few of my usual 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.

**Total Score:** \_\_\_\_\_  
**(MCID 7)**

