



# Strong Chiropractic Office S.C.

## Neck Index

FormBI-100

rev 3/27/2003

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

Date \_\_\_\_\_

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by **circling the one number** for the statement that applies to you. If **two or more** statements in one section apply, please **circle only one number for the statement that most closely describes your problem.**

### Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is very mild at the moment.
- 2. The pain comes and goes and is moderate.
- 3. The pain is fairly severe at the moment.
- 4. The pain is very severe at the moment.
- 5. The pain is the worst imaginable at the moment.

### Sleeping

- 0. I have no trouble sleeping.
- 1. My sleep is slightly disturbed (less than 1 hour sleepless).
- 2. My sleep is mildly disturbed (1-2 hours sleepless).
- 3. My sleep is moderately disturbed (2-3 hours sleepless).
- 4. My sleep is greatly disturbed (3-5 hours sleepless).
- 5. My sleep is completely disturbed (5-7 hours sleepless).

### Reading

- 0. I can read as much as I want with no neck pain.
- 1. I can read as much as I want with slight neck pain.
- 2. I can read as much as I want with moderate neck pain.
- 3. I cannot read as much as I want because of moderate neck pain.
- 4. I can hardly read at all because of severe neck pain.
- 5. I cannot read at all because of neck pain.

### Concentration

- 0. I can concentrate fully when I want with no difficulty.
- 1. I can concentrate fully when I want with slight difficulty.
- 2. I have a fair degree of difficulty concentrating when I want.
- 3. I have a lot of difficulty concentrating when I want.
- 4. I have a great deal of difficulty concentrating when I want.
- 5. I cannot concentrate at all.

### Work

- 0. I can do as much work as I want.
- 1. I can only do my usual work but no more.
- 2. I can only do most of my usual work but no more.
- 3. I cannot do my usual work.
- 4. I can hardly do any work at all.
- 5. I cannot do any work at all.

### Patient Comments If Any:

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### Personal Care

- 0. 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.
- 3. I need some help but I manage most of my personal care.
- 4. I need help every day in most aspects of self-care.
- 5. I do not get dressed, I wash with difficulty and stay in bed.

### Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it causes extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor, but I can manage they are conveniently positioned (e.g., on a table).
- 3. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 4. I can only lift very light weights.
- 5. I cannot lift or carry anything at all.

### Driving

- 0. I can drive my car without any neck pain.
- 1. I can drive my car as long as I want with slight neck pain.
- 2. I can drive my car as long as I want with moderate neck pain.
- 3. I cannot drive my car as long as I want because of moderate neck pain.
- 4. I can hardly drive at all because of severe neck pain.
- 5. I cannot drive my car at all because of neck pain.

### Recreation

- 0. I am able to engage in all my recreation activities without neck pain.
- 1. I am able to engage in all my usual recreation activities with some neck pain.
- 2. I am able to engage in most but not all my usual recreation activities because of neck pain.
- 3. I am only able to engage in a few of my usual recreation activities because of neck pain.
- 4. I can hardly do any recreation activities because of neck pain.
- 5. I cannot do any recreation activities at all.

### Headaches

- 0. I have no headaches at all.
- 1. I have slight headaches which come infrequently.
- 2. I have moderate headaches which come infrequently.
- 3. I have moderate headaches which come frequently.
- 4. I have severe headaches which come frequently.
- 5. I have headaches almost all the time.

**Neck  
Index  
Score**

Index Score = Sum of all statements selected *divided by* # of sections with a statement selected x 5) x 100

