

NECK INJURY INDEX QUESTIONNAIRE



This questionnaire is designed to provide information as to how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the one box that applies to you. We realize that you may consider that two of the statements in any one section may relate to you, but please just mark the box which closely describes your problem.

Name: _____ Date: _____ Age: _____ Gender: Male Female

<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 2: Personal Care (Washing, Dressing, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself 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 everyday in most aspects of self-care. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed.
<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 extra pain <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, eg. on 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. 	<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 can't read as much as I want to because of moderate pain in my neck. <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. <input type="checkbox"/> I cannot read at all.
<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 that come infrequently. <input type="checkbox"/> I have moderate headaches that come infrequently. <input type="checkbox"/> I have moderate headaches that come frequently. <input type="checkbox"/> I have severe headaches that come frequently. <input type="checkbox"/> I have headaches almost all the time. 	<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 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.
<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 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 can't do any work 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 neck pain. <input type="checkbox"/> I can't 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 can't drive my car 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 sleepless). 	<p>Section 10: Recreation</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all. <input type="checkbox"/> I am able to engage in all my recreation activities with some neck pain. <input type="checkbox"/> I am able to engage in most, but not all, of my usual recreation activities because of neck pain. <input type="checkbox"/> I am able to engage in few of my recreation activities because of neck pain. <input type="checkbox"/> I can hardly do any recreation activities, because of neck pain. <input type="checkbox"/> I cannot do any recreation activities at all.

Please don't write in the shaded area.