

NECK INDEX

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Patient Name: _____ Date: _____

*This questionnaire will give your provider information about how your back 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

- ① I have no pain at the moment.
- ② The pain is very mild at the moment.
- ③ The pain comes and goes and is moderate.
- ④ The pain is fairly severe at the moment.
- ⑤ The pain is very severe at the moment.
- ⑥ The pain is the worst imaginable at the moment.

Lifting

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights, but it causes pain.
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned (e.g., on a table).
- ⑤ I can only lift very light weights.
- ⑥ I cannot lift or carry anything at all.

Headaches

- ① I have no headaches at all.
- ② I have slight headaches which come infrequently.
- ③ I have moderate headaches which come infrequently.
- ④ I have moderate headaches which come frequently.
- ⑤ I have severe headaches which come frequently.
- ⑥ I have headaches almost all the time.

Work

- ① I can do as much work as I want.
- ② I can only do my usual work but no more.
- ③ I can do most of my usual work but no more.
- ④ I cannot do my usual work.
- ⑤ I can hardly do any work at all.
- ⑥ I cannot do any work at all.

Sleeping

- ① I have no trouble sleeping.
- ② My sleep is slightly disturbed (less than 1 hour sleepless).
- ③ My sleep is mildly disturbed (1-2 hours sleepless).
- ④ My sleep is moderately disturbed (2-3 hours sleepless).
- ⑤ My sleep is greatly disturbed (3-5 hours sleepless).
- ⑥ My sleep is completely disturbed (5-7 hours sleepless).

Personal Care

- ① I can look after myself normally without causing extra pain.
- ② I can look after myself normally, but it causes extra pain.
- ③ It is painful to look after myself and I am slow & careful.
- ④ I need some help but manage most of my personal care.
- ⑤ I need help every day in most aspects of self-care.
- ⑥ I do not get dressed; I wash with difficulty & stay in bed.

Reading

- ① I can read as much as I want with no neck pain.
- ② I can read as much as I want with slight neck pain.
- ③ I can read as much as I want with moderate neck pain.
- ④ I cannot read as much as I want because of moderate neck pain.
- ⑤ I can hardly read at all because of severe neck pain.
- ⑥ I cannot read at all because of neck pain.

Concentration

- ① I can concentrate fully when I want with no difficulty.
- ② I can concentrate fully when I want with slight difficulty.
- ③ I have a fair degree of difficulty concentrating when I want.
- ④ I have a lot of difficulty concentrating when I want.
- ⑤ I have a great deal of difficulty concentrating when I want.
- ⑥ I cannot concentrate at all.

Driving

- ① I can drive without any neck pain.
- ② I can drive as long as I want with slight neck pain.
- ③ I can drive as long as I want with moderate neck pain.
- ④ I cannot drive as long as I want because of moderate neck pain.
- ⑤ I can hardly drive at all because of severe neck pain.
- ⑥ I cannot drive at all because of neck pain.

Recreation

- ① My pain is rapidly getting better.
- ② My pain fluctuates but overall is getting better.
- ③ My pain seems to be getting better but improvement is slow at present.
- ④ My pain is neither getting better nor worse.
- ⑤ My pain is gradually worsening.
- ⑥ My pain is rapidly worsening.

PLACE a SLASH mark on the LINE below for INTENSITY of PAIN

No Neck Pain | _____ | Very Severe Pain
Neck Pain Intensity

Neck
Index
Score
VAS=