



ACTIV Physical Therapy
3807 Brecksville Road
Richfield, OH 44286

NECK INDEX

Patient Name: _____ Date: _____

Please answer every question and total scores at the bottom of the page. When in doubt, rate your symptoms at their worst.

Pain Intensity	Reading
<input type="checkbox"/> 0 = I have no pain at the moment	<input type="checkbox"/> 0 = I can read as much as I want with no pain in my neck
<input type="checkbox"/> 1 = The pain is very mild at the moment	<input type="checkbox"/> 1 = I can read as much as I want with slight pain in my neck
<input type="checkbox"/> 2 = The pain is moderate at the moment	<input type="checkbox"/> 2 = I can read as much as I want with moderate pain in my neck
<input type="checkbox"/> 3 = The pain is fairly severe at the moment	<input type="checkbox"/> 3 = I can't read as much as I want due to moderate pain
<input type="checkbox"/> 4 = The pain is very severe at the moment	<input type="checkbox"/> 4 = I can't hardly read because of the severe pain in my neck
<input type="checkbox"/> 5 = The pain is the worst imaginable at the moment	<input type="checkbox"/> 5 = I cannot read at all due to the pain in my neck

Work	Sleeping
<input type="checkbox"/> 0 = I can do as much work as I want	<input type="checkbox"/> 0 = I have no trouble sleeping
<input type="checkbox"/> 1 = I can only do my usual work, but no more work	<input type="checkbox"/> 1 = My sleep is slightly disturbed (less than 1 hour)
<input type="checkbox"/> 2 = I can do most of my usual work, but no more work	<input type="checkbox"/> 2 = My sleep is mildly disturbed (less than 1-2 hours)
<input type="checkbox"/> 3 = I cannot do my usual work	<input type="checkbox"/> 3 = My sleep is moderately disturbed (less than 2-3 hours)
<input type="checkbox"/> 4 = I can hardly do any work at all	<input type="checkbox"/> 4 = My sleep is greatly disturbed (3-5 hours)
<input type="checkbox"/> 5 = I can't do any work at all	<input type="checkbox"/> 5 = My sleep is completely disturbed (5-7 hours)

Recreation	Lifting
<input type="checkbox"/> 0 = I can engage in all my recreational activities with no pain	<input type="checkbox"/> 0 = I can lift heavy weights without extra pain
<input type="checkbox"/> 1 = I can engage in all my recreational activities with some pain	<input type="checkbox"/> 1 = I can lift heavy weights but it causes extra pain
<input type="checkbox"/> 2 = I can engage in most, but not all activities due to the pain	<input type="checkbox"/> 2 = Pain prevents me from lifting heavy weights off the floor
<input type="checkbox"/> 3 = I can engage in a few of my recreational activities due to the pain	<input type="checkbox"/> 3 = I can only lift medium to light weights if conveniently placed
<input type="checkbox"/> 4 = I can hardly do any recreational activities due to the pain	<input type="checkbox"/> 4 = I can only lift very light weights
<input type="checkbox"/> 5 = I can't do any recreational activities at all	<input type="checkbox"/> 5 = I cannot lift or carry anything

Personal Care	Headaches
<input type="checkbox"/> 0 = I can look after myself normally without causing extra pain	<input type="checkbox"/> 0 = I have no headaches at all
<input type="checkbox"/> 1 = I can look after myself normally but it causes extra pain	<input type="checkbox"/> 1 = I have slight headaches which come infrequently
<input type="checkbox"/> 2 = It is painful to look after myself but I am slow and careful	<input type="checkbox"/> 2 = I have moderate headaches which come infrequently
<input type="checkbox"/> 3 = I need some help but I can manage most of my personal care	<input type="checkbox"/> 3 = I have moderate headaches which come frequently
<input type="checkbox"/> 4 = I need help every day in most aspects of self care	<input type="checkbox"/> 4 = I have severe headaches which come frequently
<input type="checkbox"/> 5 = I do not get dressed, I wash with difficulty and stay in bed	<input type="checkbox"/> 5 = I have headaches all the time

Driving	Concentration
<input type="checkbox"/> 0 = I can drive my car without any neck pain	<input type="checkbox"/> 0 = I can concentrate fully when I want with no difficulty
<input type="checkbox"/> 1 = I can drive as long as I want with slight pain in my neck	<input type="checkbox"/> 1 = I can concentrate fully when I want with slight difficulty
<input type="checkbox"/> 2 = I can drive as long as I want with moderate pain in my neck	<input type="checkbox"/> 2 = I have a fair degree of difficulty concentrating when I want
<input type="checkbox"/> 3 = I can't drive as long as I want because of the moderate pain	<input type="checkbox"/> 3 = I have a lot of difficulty in concentrating when I want
<input type="checkbox"/> 4 = I can't drive hardly at all because of the severe pain in my neck	<input type="checkbox"/> 4 = I have a great deal of difficulty in concentrating when I want
<input type="checkbox"/> 5 = I can't drive my car at all	<input type="checkbox"/> 5 = I cannot concentrate at all

SCORE = SUM OF RESPONSES _____ X 2 = _____ % DISABILITY

Overall, how would you rate the function of your neck on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

CURRENT FUNCTION OF YOUR NECK

CANNOT PERFORM DAILY ACTIVITIES NO LIMITATION

0 1 2 3 4 5 6 7 8 9 10