

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

Date of Birth: \_\_\_\_\_

GW#: \_\_\_\_\_

## Modified Neck Disability Index v1.1\*

To be completed BY THE PATIENT

**DIRECTIONS:** Answer every question by clicking on the correct circle or enter the requested information.

If you are unsure about how to answer a question, please give the best answer you can.

Mark only one answer for each question, unless otherwise instructed.

Date Completed: \_\_\_\_\_

Score: \_\_\_\_\_

Overall %: \_\_\_\_\_

### 1. Pain Intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☐ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

### 2. Personal Care

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

### 3. Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives me extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

### 4. Reading

- ☐ I can read as much as I want to with no pain in my neck.
- ☐ I can read as much as I want to with slight pain in my neck.
- ☐ I can read as much as I want to with moderate pain in my neck.
- ☐ I can't read as much as I want because of moderate pain in my neck.
- ☐ I can hardly read at all because of severe pain in my neck.
- ☐ I cannot read at all.

### 5. Headaches

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come frequently.
- ☐ I have headaches almost all the time.

### 6. Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
- ☐ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating when I want to.
- ☐ I have a lot of difficulty in concentrating when I want to.
- ☐ I have a great deal of difficulty in concentrating when I want to.
- ☐ I cannot concentrate at all.

### 7. Work

- ☐ I can do as much work as I want to.
- ☐ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I can't do any work at all.

### 8. Driving

- ☐ I can drive my car without any neck pain.
- ☐ I can drive my car as long as I want with slight pain in my neck.
- ☐ I can drive my car as long as I want with moderate pain in my neck.
- ☐ I can't drive my car as long as I want because of moderate pain in my neck.
- ☐ I can hardly drive at all because of severe pain in my neck.
- ☐ I can't drive my car at all.

### 9. Sleeping

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

### 10. Recreation

- ☐ I am able to engage in all my recreation activities with no pain at all.
- ☐ I am able to engage in all my recreation activities with some pain in my neck.
- ☐ I am able to engage in most but not all of my usual recreation activities because of pain in my neck.
- ☐ I am able to engage in a few of my usual recreation activities because of pain in my neck.
- ☐ I can hardly do any recreational activities because of the pain in my neck.
- ☐ I can't do any recreational activities at all.

\* Reproduced from Vernon H. Mior S.

The Neck Disability Index: A study of reliability and validity.

Journal of Manipulative and Physiological Therapeutics 1991, 14.-409-4:5.



## Southlake Orthopaedics

Sports Medicine and Spine Center, P.C.

## Visual Analog Pain Scale

### Neck Pain:

How severe is your **neck** pain today?

Please fill in the box below the line to indicate how bad you feel your neck pain is today.

A horizontal scale from 0 to 100. The number 0 is at the left end, and the number 100 is at the right end. Below the numbers, there are 10 vertical tick marks, each with a small box below it. The text "No Pain" is centered under the 0, and "Intolerable" is centered under the 100.

### Arm Pain:

How severe is your **arm** pain today?

Please fill in the box below the line to indicate how bad you feel your arm pain is today.

A horizontal pain scale from 0 to 10. The left end is labeled "No Pain" and the right end is labeled "Intolerable". The scale consists of 11 vertical bars, with the 10th bar from the left shaded gray.

**If you had to spend the rest of your life with your neck condition as it is NOW, how would you feel?**

- ☐ Extremely Satisfied
- ☐ Very Satisfied
- ☐ Somewhat Satisfied
- ☐ Undecided
- ☐ Somewhat Dissatisfied
- ☐ Very Dissatisfied
- ☐ Extremely Dissatisfied