Neck Disability Index

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR **NECK PAIN** AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU.
ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY

- ❑ **I have no neck 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.**

SECTION 2 - PERSONAL CARE

- ❑ **I can look after myself normally without causing extra neck pain.**
- ❑ **I can look after myself normally, but it causes extra neck 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.**

SECTION 3 – LIFTING

- ❑ **I can lift heavy weights without causing extra neck pain.**
- ❑ **I can lift heavy weights, but it gives me extra neck pain.**
- ❑ **Neck pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.**
- ❑ **Neck pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned**
- ❑ **I can lift only very light weights.**
- ❑ **I cannot lift or carry anything at all.**

SECTION 4 – READING

- ❑ **I can read as much as I want with no neck pain.**
- ❑ **I can read as much as I want with slight neck pain.**
- ❑ **I can read as much as I want with moderate neck pain.**
- ❑ **I can't read as much as I want because of moderate neck pain.**
- ❑ **I can't read as much as I want because of severe neck pain.**
- ❑ **I can't read at all.**

SECTION 5 – HEADACHES

- ❑ **I have no headaches at all.**
- ❑ **I have slight headaches that come infrequently.**
- ❑ **I have moderate headaches that come infrequently.**
- ❑ **I have moderate headaches that come frequently.**
- ❑ **I have severe headaches that come frequently.**
- ❑ **I have headaches almost all the time.**

SECTION 6 – CONCENTRATION

- ❑ **I can concentrate fully without difficulty.**
- ❑ **I can concentrate fully with slight difficulty.**
- ❑ **I have a fair degree of difficulty concentrating.**
- ❑ **I have a lot of difficulty concentrating.**
- ❑ **I have a great deal of difficulty concentrating.**
- ❑ **I can't concentrate at all.**

SECTION 7 – WORK

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

SECTION 8 – DRIVING

- ❑ **I can drive my car without neck pain.**
- ❑ **I can drive my car with only slight neck pain.**
- ❑ **I can drive as long as I want with moderate neck pain.**
- ❑ **I can't drive as long as I want because of moderate neck pain.**
- ❑ **I can hardly drive at all because of severe neck pain.**
- ❑ **I can't drive my care at all because of neck pain.**

SECTION 9 – SLEEPING

- ❑ **I have no trouble sleeping.**
- ❑ **My sleep is slightly disturbed for less than 1 hour.**
- ❑ **My sleep is mildly disturbed for up to 1-2 hours.**
- ❑ **My sleep is moderately disturbed for up to 2-3 hours.**
- ❑ **My sleep is greatly disturbed for up to 3-5 hours.**
- ❑ **My sleep is completely disturbed for up to 5-7 hours.**

SECTION 10 – RECREATION

- ❑ **I am able to engage in all my recreational activities with no neck pain at all.**
- ❑ **I am able to engage in all my recreational activities with some neck pain.**
- ❑ **I am able to engage in most, but not all of my recreational activities because of pain in my neck.**
- ❑ **I am able to engage in a few of my recreational activities because of neck pain.**
- ❑ **I can hardly do recreational activities due to neck pain.**
- ❑ **I can't do any recreational activities due to neck pain.**

PATIENT NAME _____ **DATE** _____

SCORE _____ **[50]**

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QOL mJOA Myelopathy only - Scores range from 0-17 mild myelopathy (14-17) moderate myelopathy (6-13) severe myelopathy (0-5)

I am going to read out some questions. Each question has a choice of answers. Please tell me which answer best describes your own health state today.

1.First I'd like to ask you about feeding and use of your hands and arms. Describe your ability to feed yourself.

- ○ a.Unable to feed myself
- ○ b.Unable to use both hands for knife and fork, but I am able to eat using a fork or spoon with one hand.
- ○ c.Able to use a knife and fork with much difficulty.
- ○ d.Able to use a knife and fork with slight difficulty.
- ○ e.Able to feed myself with no difficulty using both hands

2.Next I'd like to ask you about walking and use of your legs. Describe your ability to walk.

- ○ a.Unable to walk
- ○ b.Can walk on flat surface with a cane or walker
- ○ c.Can walk up or down stairs with support of a handrail
- ○ d.Some trouble walking smoothly and problems with balance
- ○ e.No problem walking

3.Next I'd like to ask you about loss of feeling or numbness in hands and arm. Describe your ability to feel sensation in your hands or arms

- ○ a.Severe loss of feeling in my hand or arm, loss of pain, touch or sensation.
- ○ b.Mild loss of feeling in my hand or arm
- ○ c.No loss of feeling in my hands and arms

4.Next I'd like to ask about loss of feeling or numbness in legs. Describe your ability to feel sensation in your legs

- ○ a.Severe loss of feeling in my leg
- ○ b.Mild loss of feeling in my leg
- ○ c.No loss of feeling in my legs

5.Next I'd like to ask about loss of feeling or numbness in the trunk of my body. Describe your ability to feel sensation in your body

- ○ a.Severe loss of feeling in my body
- ○ b.Mild loss of feeling in my body
- ○ c.No loss of feeling in my body

6.Finally I'd like to ask you about problems with urinating. Would you say that you ...

- ○ a.Cannot urinate, void, or pee
- ○ b.Have severe difficulty because feeling of residual urine or retaining urine even after voiding or because of straining to go or just dribbling when urinating
- ○ c.Have mild difficulty because of problem with initiating or getting started or problem with urinating either too frequently or hardly ever
- ○ d.Have no problems with urinating or peeing

mJOA Score - Baseline _____

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

I have no problems in walking about ❑

I have some problems in walking about ❑

I am confined to bed ❑

Self-Care

I have no problems with self-care ❑

I have some problems washing or dressing myself ❑

I am unable to wash or dress myself ❑

Usual Activities (*e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities ❑

I have some problems with performing my usual activities ❑

I am unable to perform my usual activities ❑

Pain/Discomfort

I have no pain or discomfort ❑

I have moderate pain or discomfort ❑

I have extreme pain or discomfort ❑

Anxiety/Depression

I am not anxious or depressed ❑

I am moderately anxious or depressed ❑

I am extremely anxious or depressed ❑

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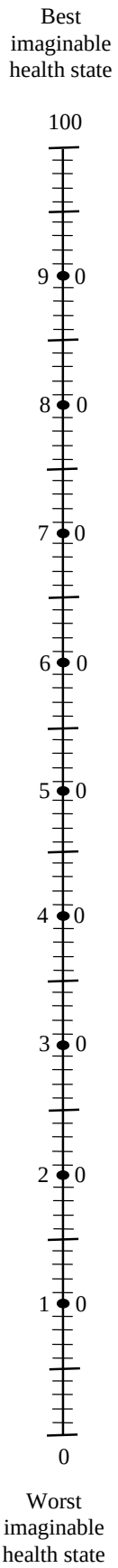
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



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