SPINE AND SPORT BIOMECHANICAL REHABILITATION CENTER
2816 East Beltline Lane NE ● Grand Rapids, MI 49525 ● Phone (616) 361-1210 ● Fax (616) 361-8662

Patient Name: _____ **Date:** _____

PART A: Neck Disability Index

Please ***answer every question***, based on your condition in the last week, by circling the appropriate number. If you did not have the opportunity to perform an activity in the past week, please make your ***best estimate*** on which response would be the most accurate.

Section 1: Pain Intensity
0. I have no pain at the moment
1. The pain is very mild at the moment
2. The pain is moderate at the moment
3. The pain is fairly severe at the moment
4. The pain is very severe at the moment
5. The pain is the worst imaginable at the moment

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

Section 3: Lifting
0. I can lift heavy weights without extra pain
1. I can lift heavy weights but it gives extra pain
2. Pain prevents me from lifting heavy weights off the floor, but I can mange if they are conveniently positioned ex. on a table
3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
4. I can lift only light weights
5. I cannot lift or carry anything at all

Section 4: Reading
0. I can read as much as I want to with no pain in my neck
1. I can read as much as I want to with slight pain in my neck
2. I can read as much as I want to with moderate pain in my neck
3. I cannot read as much as I want because of moderate pain in my neck
4. I can hardly read at all because of severe pain in my neck
5. I cannot read at all

Section 5: Headaches
0. I have no headaches at all
1. I have slight headaches, which come infrequently
2. I have moderate headaches, which come infrequently
3. I have moderate headaches, which come frequently
4. I have severe headaches, which come frequently
5. I have headaches almost all the time

Section 6: Concentration
0. I can concentrate fully when I want to with no difficulty
1. I can concentrate fully when I want to with slight difficulty
2. I have a fair degree of difficulty concentrating when I want to
3. I have a lot of difficulty concentrating when I want to
4. I have a great amount of difficulty in concentrating when I want to
5. I cannot concentrate at all

Section 7: Work
0. I can do as much work as I want
1. I can only do my usual work but no more
2. I can do most of my usual work, but no more
3. I cannot do my usual work
4. I can hardly do any work at all
5. I cannot do any work at all

Section 8: Driving
0. I can drive my car without any neck pain
1. I can drive my car as long as I want with slight pain in my neck
2. I can drive my car as long as I want with moderate pain in my neck
3. I cannot drive my car as long as I want because of moderate pain in my neck
4. I can hardly drive at all because of severe pain in my neck
5. I cannot drive my car at all

Section 9: Sleeping
0. I have no trouble sleeping
1. My sleep is slightly disturbed (less than 1 hour sleeplessness)
2. My sleep is mildly disturbed (1-2 hours sleeplessness)
3. My sleep is moderately disturbed (2-3 hours sleeplessness)
4. My sleep is greatly disturbed (3-5 hours sleeplessness)
5. My sleep is completely disturbed (5-7 hours sleeplessness)

Section 10: Recreation
0. I am able to engage in all my recreational activities, with no neck pain at all
1. I am able to engage in all my recreational activities, with some neck pain
2. I am able to engage in most but not all my recreational activities, because of pain in my neck
3. I am able to engage in a few of my usual recreational activities, because of pain in my neck
4. I can hardly do any recreational activities because of my neck
5. I cannot do any recreational activities at all

******TURN PAGE OVER******

PART B: Simple Shoulder Test

Please answer **EVERY QUESTION,** based on your condition in the last week. If you did not have the opportunity to perform an activity or never perform an activity, please make your ***best estimate*** on which response would be the most accurate.
ANSWER **YES** IF… the activity causes no pain, or rarely produces pain/discomfort.
ANSWER **NO** IF…the activity hurts sometimes, often, or always.

1.	Is your shoulder comfortable with your arm at rest by your side?	YES	NO	
2.	Does your shoulder allow you to sleep comfortably?	YES	NO	
3.	Can you reach the small of your back to tuck in your shirt with your hand?	YES	NO	
4.	Can you place your hand behind your head with elbow straight out to the side?	YES	NO	
5.	Can you lift one pound to the level of your shoulder without bending your elbow?	YES	NO	***DO NOT LEAVE BLANK**
6.	Can you lift eight pounds to the level of your shoulder without bending your elbow?	YES	NO	**MUST CIRCLE YES OR NO**
7.	Can you carry twenty pounds at your side with the affected extremity?	YES	NO	
8.	Do you think you can toss a softball under-hand twenty yards with the affected extremity?	YES	NO	
9.	Do you think you can toss a softball over-hand twenty yards with the affected extremity?	YES	NO	
10.	Can you wash the back of your opposite shoulder with the affected area?	YES	NO	
11.	Would your shoulder allow you to work full-time at your regular job?	YES	NO	
12.	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	YES	NO	

Dominant Hand □ Right □ Left □ Ambidextrous

PART C: Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents your current pain in your major area of injury.

No Pain at All — Pain as Bad As It Could Be

PART D: Body Diagram

Please indicate where your pain is located and what type of pain you feel at the *present* time. Fill in the area on the body diagram with the appropriate symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition

Key:
Stabbing: ///
Burning: XXX
Pins and Needles: 000
Numbness: ===
Other: (●●●) _____