



4) During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- |  | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. <u>Accomplished less</u> than you would like            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did work or activities <u>less carefully than usual</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 

5) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- | Not at all            | A little bit          | Moderately            | Quite a bit           | Extremely             |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 

6) These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

- |   | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Have you felt calm and peaceful?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did you have a lot of energy?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have you felt downhearted and depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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7) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## **Modified Neck Disability Index v1.1**

Please answer every section and mark in each section only the one which applies to you. We realize you may consider that two of the statements in any section may relate to you, but please just mark the one which most closely describes your problem.

### 1. Pain Intensity (*mark only one*)

- 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 (*mark only one*)

- 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 (*mark only one*)

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, such as 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 only very light weights
- I cannot lift or carry anything at all

4. Reading (*mark only one*)

- 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 with moderate pain in my neck
- I cannot 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 (*mark only one*)

- 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 all the time

6. Concentration (*mark only one*)

- 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 (*mark only one*)

- 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 cannot do any work at all

8. Driving (*mark only one*)

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight neck pain
- I can drive my car as long as I want with moderate neck pain
- I cannot drive my car as long as I want because of neck pain
- I can hardly drive at all because of severe neck pain
- I cannot drive my car at all

9. Sleeping (*mark only one*)

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

10. Recreation (*mark only one*)

- I am able to engage in all my recreational activities with no neck pain
- 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 usual recreational activities because of neck pain
- I am able to engage in a few of my usual recreational activities because of neck pain
- I can hardly do any recreational activities because of neck pain
- I cannot do any recreational activities at all

11. Have you taken any pain medications in the past 24 hours

- Yes
- No (Skip to question 14)

12. What type(s) of pain medication did you take? (*mark all that apply*)

- Acetaminophen (Tylenol)
- Aspirin
- Ibuprofen (analgesics, NSAIDS, alleve, motrin, etc)
- Narcotics (Percocet, Vicodin, etc)
- Steroids
- Other
- None from this list

13. How many hours ago did you take your pain medication(s)?

- Less than 1 hour
- 1-2 hours ago
- 3-4 hours ago
- 5-8 hours ago
- 9-12 hours ago
- More than 12 hours ago

14. On a scale from 0 to 10, mark your level of **neck** pain discomfort with 0 being none and 10 being unbearable (mark only one)

None	0	1	2	3	4	5	6	7	8	9	10	Unbearable

15. On a scale from 0 to 10, mark your level of **arm** pain discomfort with 0 being none and 10 being unbearable (mark only one)

None	0	1	2	3	4	5	6	7	8	9	10	Unbearable