

Samuel K. Cho, M.D.
Cervical Spine Questionnaire

Name: _____

DOB: _____

Today's Date: _____

Exam: Pre-treatment 6 wks. 3 mos. 6 mos. 1 year _____ years

Please read the instructions:

This questionnaire has been designed to give the doctor information as to how your overall health and neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Neck Disability Index

SECTION 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.

SECTION 2 – PERSONAL CARE (washing, dressing, etc.)

- 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.

SECTION 3 – LIFTING

- 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, for example, on a table.
- Pain prevents me from lifting heavy weights off the floor, 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.

SECTION 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.

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 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.

SECTION 7 – WORK

- I can do as much work as I want to.
- I can 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.

SECTION 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.

SECTION 9 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr sleepless).
- My sleep is mildly disturbed (1-2 hrs sleepless).
- My sleep is moderately disturbed (2-3 hrs sleepless).
- My sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed 95-7 hrs sleepless).

SECTION 10 – RECREATION

- I am able to engage in all my recreation activities, with no neck pain at all.
- I am able to engage in all my recreation activities, with some neck pain at all.
- 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 few of my recreation activities, because of pain in my neck.
- I can hardly do any recreation activities, because of pain in my neck.
- I can't do any recreation activities at all.

General Health Status Questionnaire

- In general, would you say your health is... (Mark only one)
 Excellent Very Good Good Fair Poor
- Compared to one year ago**, how would you rate your health in general **now**? (Mark only one)
 Much better Somewhat better About the same Somewhat worse Much worse

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?
 (Fill in only one circle on each line)

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited At All
3. Vigorous activities such as running, lifting heavy objects, or participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lifting or carrying groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Climbing one flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bending, kneeling, or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Walking more than a mile .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking several blocks .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking one block .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathing or dressing yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (Fill in only one circle on each line)

	Yes	No
13. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
14. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>
15. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>
16. Had difficulty performing the work or other activities (e.g., it took extra effort).	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, 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)? (Fill in only one circle on each line)

	Yes	No
17. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
18. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>
19. Didn't do work or other activities as carefully as usual.	<input type="radio"/>	<input type="radio"/>

- During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Mark only one)
 Not at all Slightly Moderately Quite a bit Extremely

- How much **bodily** pain have you had during the **past 4 weeks**? (Mark only one)
 None Very mild Mild Moderate Severe Very severe

- During the **past 4 weeks** how much did **pain** interfere with your normal work (including both work outside the home and house work)? (Mark only one)
 Not at all A little bit Moderately Quite a bit Extremely

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 time **during the past 4 weeks**... (Fill in only one circle on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep (happy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relative, etc.)? (Mark only one)
 Not at all A little bit Moderately Quite a bit Extremely

How **TRUE** or **FALSE** is **each** of the following statements for you? (Fill in only one circle on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>