

# Neck Index

ACN Group, Inc. Form NI-100  
ACN Group, Inc. Use Only rev 3/27/2003

## **Patient Name Date**

*This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.*

## **Pain Intensity**

**Personal Care** I have no pain at the moment.

I can look after myself normally without causing extra pain. The pain is very mild at the moment.

I can look after myself normally but it causes extra pain. The pain comes and goes and is moderate.

It is painful to look after myself and I am slow and careful. The pain is fairly severe at the moment.

I need some help but I manage most of my personal care. The pain is very severe at the moment.

I need help every day in most aspects of self care. The pain is the worst imaginable at the moment.

I do not get dressed, I wash with difficulty and stay in bed.

## **Sleeping**

**Lifting** I have no trouble sleeping.

I can lift heavy weights without extra pain. My sleep is slightly disturbed (less than 1 hour sleepless).

I can lift heavy weights but it causes extra pain. My sleep is mildly disturbed (1-2 hours sleepless).

Pain prevents me from lifting heavy weights off the floor, but I can manage My sleep is moderately disturbed (2-3 hours sleepless).

if they are conveniently positioned (e.g., on a table). My sleep is greatly disturbed (3-5 hours sleepless).

Pain prevents me from lifting heavy weights off the floor, but I can manage My sleep is completely disturbed (5-7 hours sleepless).

light to medium weights if they are conveniently positioned. I can only lift very light weights. I cannot lift or carry anything at all.

## **Reading**

**Driving** I can read as much as I want with no neck pain.

I can drive my car without any neck pain. I can read as much as I want with slight neck pain.

I can drive my car as long as I want with slight neck pain. I can read as much as I want with moderate neck pain.

I can drive my car as long as I want with moderate neck pain. I cannot read as much as I want because of moderate neck pain.

I cannot drive my car as long as I want because of moderate neck pain. I can hardly read at all because of severe neck pain.

I can hardly drive at all because of severe neck pain. I cannot read at all because of neck pain.

I cannot drive my car at all because of neck pain.

## **Concentration**

**Recreation** I can concentrate fully when I want with no difficulty.

I am able to engage in all my recreation activities without neck pain. I can concentrate fully when I want with slight difficulty.

I am able to engage in all my usual recreation activities with some neck pain. I have a fair degree of difficulty concentrating when I want.

I am able to engage in most but not all my usual recreation activities because of neck pain. I have a lot of difficulty concentrating when I want.

I am only able to engage in a few of my usual recreation activities because of neck pain. I have a great deal of difficulty concentrating when I want.

I can hardly do any recreation activities because of neck pain. I cannot concentrate at all.  
I cannot do any recreation activities at all.

### **Work**

**Headaches** I can do as much work as I want.

I have no headaches at all. I can only do my usual work but no more.

I have slight headaches which come infrequently. I can only do most of my usual work but no more.

I have moderate headaches which come infrequently. I cannot do my usual work.

I have moderate headaches which come frequently. I can hardly do any work at all.

I have severe headaches which come frequently. I cannot do any work at all.

I have headaches almost all the time.

*Neck Index* Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)]  
x 100

Score

## **Back Index** ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

### **Patient Name Date**

*This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.*

### **Pain Intensity**

**Personal Care** The pain comes and goes and is very mild.

I do not have to change my way of washing or dressing in order to avoid pain. The pain is mild and does not vary much.

I do not normally change my way of washing or dressing even though it causes some pain. The pain comes and goes and is moderate.

Washing and dressing increases the pain but I manage not to change my way of doing it. The pain is moderate and does not vary much.

Washing and dressing increases the pain and I find it necessary to change my way of doing it. The pain comes and goes and is very severe.

Because of the pain I am unable to do some washing and dressing without help. The pain is very severe and does not vary much.

Because of the pain I am unable to do any washing and dressing without help.

### **Sleeping**

**Lifting** I get no pain in bed.

I can lift heavy weights without extra pain. I get pain in bed but it does not prevent me from sleeping well.

I can lift heavy weights but it causes extra pain. Because of pain my normal sleep is reduced by less than 25%.

Pain prevents me from lifting heavy weights off the floor. Because of pain my normal sleep is reduced by less than 50%.

Pain prevents me from lifting heavy weights off the floor, but I can manage. Because of pain my normal sleep is reduced by less than 75%.

if they are conveniently positioned (e.g., on a table). Pain prevents me from sleeping at all.

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 only lift very light weights.

### **Sitting**

**Traveling** I can sit in any chair as long as I like.

I get no pain while traveling. I can only sit in my favorite chair as long as I like.

I get some pain while traveling but none of my usual forms of travel make it worse. Pain prevents me from sitting more than 1 hour.

I get extra pain while traveling but it does not cause me to seek alternate forms of travel. Pain prevents me from sitting more than 1/2 hour.

I get extra pain while traveling which causes me to seek alternate forms of travel. Pain prevents me from sitting more than 10 minutes.

Pain restricts all forms of travel except that done while lying down. I avoid sitting because it increases pain immediately.

Pain restricts all forms of travel.

### **Standing**

**Social Life** I can stand as long as I want without pain.

My social life is normal and gives me no extra pain. I have some pain while standing but it does not increase with time.

My social life is normal but increases the degree of pain. I cannot stand for longer than 1 hour without increasing pain.

Pain has no significant affect on my social life apart from limiting my more I cannot stand for longer than 1/2 hour without increasing pain.

energetic interests (e.g., dancing, etc). I cannot stand for longer than 10 minutes without increasing pain.

Pain has restricted my social life and I do not go out very often. I avoid standing because it increases pain immediately.

Pain has restricted my social life to my home. I have hardly any social life because of the pain.

### **Walking**

**Changing degree of pain** I have no pain while walking.

My pain is rapidly getting better. I have some pain while walking but it doesn't increase with distance.

My pain fluctuates but overall is definitely getting better. I cannot walk more than 1 mile without increasing pain.

My pain seems to be getting better but improvement is slow. I cannot walk more than 1/2 mile without increasing pain.

My pain is neither getting better or worse. I cannot walk more than 1/4 mile without increasing pain.

My pain is gradually worsening. I cannot walk at all without increasing pain.

My pain is rapidly worsening.

*Back Index* Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)]  
x 100

Score