



Neck Disability Index

Patient Name: _____ Date: _____

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

Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain comes and goes and is moderate
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is worst imaginable at the moment

Sleeping

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

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 in my neck
- I can hardly read at all because of severe neck pain
- I cannot read at all because of neck pain

Concentration

- I can concentrate fully when I want with no difficulty
- I can concentrate fully when I want with slight difficulty
- I have a fair degree of difficulty concentrating when I want
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty concentrating when I want
- I cannot concentrate at all

Headaches

- 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 almost all of the time

Work

- I can do as much work as I want
- I can only do my usual work but no more
- I can only 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

Personal Care

- 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 I 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

Lifting

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

Driving

- 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 moderate neck pain
- I can hardly drive at all because of severe neck pain
- I cannot drive at all because of neck pain

Recreation

- I am able to engage in all my recreation activities without neck pain
- I am able to engage in my usual recreation activities with some neck pain
- I am able to engage in most, but not all of my usual recreation activities because of neck pain
- I am able to engage in a few of my usual recreation activities because of pain in my neck
- I can hardly do any recreation activities because of neck pain
- I cannot do any recreation activities at all

On a scale from 0-10 with 0= no pain and 10= worst pain you have ever experienced, where are you currently?

Best _____ Average _____ Worst _____

Neck
Pain
Score

Discover Chiropractic

929 SW Simpson Ave., Ste. 140 | Bend, OR 97702 | P 541.797.6224 | F 541.749.2371

www.discoverbendchiro.com



Back Disability Index

Patient Name: _____ Date: _____

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

Pain Intensity

- The pain comes and goes and is very mild
- The pain is mild and does not vary much
- The pain comes and goes and is moderate
- The pain is moderate and does not vary much
- The pain comes and goes and is very severe
- The pain is very severe and does not vary much

Sleeping

- I get no pain while in bed
- I get pain while in bed but it doesn't prevent me from sleeping well
- My pain reduces my normal sleep by less than 25%
- My pain reduces my normal sleep by less than 50%
- My pain reduces my normal sleep by less than 75%
- Pain prevents me from sleeping at all

Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than ½ hour
- Pain prevents me from sitting more than 10 minutes
- I avoid sitting because it increases pain immediately

Standing

- I can stand as long as I want without pain
- I have some pain while standing but it does not increase with time
- I can't stand for longer than 1 hour without increasing pain
- I can't stand for longer than ½ hour without increasing pain
- I can't stand for longer than 10 min without increasing pain
- I avoid standing because it increases pain immediately

Walking

- I have no pain while walking
- I have some pain while walking but it doesn't increase with time
- I can't walk for more than 1 mile without increasing pain
- I can't walk for more than ½ mile without increasing pain
- I can't walk for more than ¼ mile without increasing pain
- I can't walk at all without increasing pain

Changing Degree of Pain

- My pain is rapidly getting better
- My pain fluctuates but overall is definitely getting better
- My pain seems to be getting better but improvement is slow
- My pain is neither getting better or worse
- My pain is gradually worsening
- My pain is rapidly worsening

Personal Care

- I don't have to change my way of washing or dressing in order to avoid pain
- I don't normally change my way of washing or dressing even though it causes some pain
- Washing and dressing increases the pain and I manage not to change my way of doing it
- Washing and dressing increases the pain and I find it necessary to change my way of doing it
- Because of the pain I'm unable to do some washing and dressing without help
- Because of the pain I'm unable to wash and dress without help

Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it causes extra pain
- Pain prevents me from lifting heavy weights off the floor
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., 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 only lift very light weights

Traveling

- I get no pain while traveling
- I get some pain while traveling but none of my usual forms of travel make it worse
- I get extra pain while traveling but it doesn't cause me to seek alternate forms of travel
- I get extra pain while traveling which causes me to seek alternate forms of travel
- Pain restricts all forms of travel except that done while lying down
- Pain restricts all forms of travel

Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my energetic interests (e.g., dancing)
- Pain has restricted my social life and I do not go out very often
- Pain has restricted my social life to my home
- I have hardly any social life because of pain

On a scale from 0-10 with 0= no pain and 10= worst pain you have ever experienced, where are you currently?

Best _____ Average _____ Worst _____

Back
Pain
Score

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