

# NECK PAIN DISABILITY INDEX

KAISER CHIROPRACTIC, S.C.

Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This questionnaire is about how your neck condition affects your everyday life. Please answer every section by marking the **ONE** statement that applies closest to you or best describes your situation.

PAIN INTENSITY	PERSONAL CARE
5 <input type="checkbox"/> I have no pain. 4 <input type="checkbox"/> The pain is mild. 3 <input type="checkbox"/> The pain comes and goes and is moderate. 2 <input type="checkbox"/> The pain is moderate and does not vary much. 1 <input type="checkbox"/> The pain comes and goes and is severe. 0 <input type="checkbox"/> The pain is severe and does not vary much.	5 <input type="checkbox"/> I can look after myself without causing extra pain. 4 <input type="checkbox"/> I can look after myself normally but it causes extra pain. 3 <input type="checkbox"/> It is painful to look after myself and I am slow and careful. 2 <input type="checkbox"/> I need some help but manage most of my personal care. 1 <input type="checkbox"/> I need help every day in most aspects of self-care. 0 <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.

SLEEPING	DRIVING
5 <input type="checkbox"/> I have no trouble sleeping. 4 <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). 3 <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). 2 <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). 1 <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). 0 <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).	5 <input type="checkbox"/> I can drive my car without neck pain. 4 <input type="checkbox"/> I can drive my car as long as I want with slight neck pain. 3 <input type="checkbox"/> I can drive my car as long as I want with moderate neck pain. 2 <input type="checkbox"/> I cannot drive my car as long as I want because of moderate neck pain. 1 <input type="checkbox"/> I can hardly drive my car at all because of severe neck pain. 0 <input type="checkbox"/> I cannot drive my car at all because of neck pain.

READING	CONCENTRATION
5 <input type="checkbox"/> I can read as much as I want with no neck pain. 4 <input type="checkbox"/> I can read as much as I want with slight neck pain. 3 <input type="checkbox"/> I can read as much as I want with moderate neck pain. 2 <input type="checkbox"/> I cannot read as much as I want because of moderate neck pain. 1 <input type="checkbox"/> I cannot read as much as I want because of severe neck pain. 0 <input type="checkbox"/> I cannot read at all because of neck pain.	5 <input type="checkbox"/> I can concentrate fully when I want with no difficulty. 4 <input type="checkbox"/> I can concentrate fully when I want with slight difficulty. 3 <input type="checkbox"/> I have a fair degree of difficulty concentrating when I want. 2 <input type="checkbox"/> I have a lot of difficulty concentrating when I want. 1 <input type="checkbox"/> I have a great deal of difficulty concentrating when I want. 0 <input type="checkbox"/> I cannot concentrate at all.

LIFTING	RECREATION
5 <input type="checkbox"/> I can lift heavy weights without extra pain. 4 <input type="checkbox"/> I can lift heavy weights but it causes extra pain. 3 <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned (e.g., on the table). 2 <input type="checkbox"/> Pain prevents me from lifting heavy weights off, but I can manage light to medium weights if they are conveniently positioned. 1 <input type="checkbox"/> I can lift very light weights. 0 <input type="checkbox"/> I cannot lift or carry anything at all.	5 <input type="checkbox"/> I am able to engage in all my recreational activities with no neck pain. 4 <input type="checkbox"/> I am able to engage in all my usual recreational activities with some neck pain. 3 <input type="checkbox"/> I am able to engage in most but not all my usual recreational activities because of neck pain. 2 <input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of neck pain. 1 <input type="checkbox"/> I can hardly do any recreational activities because of neck pain. 0 <input type="checkbox"/> I cannot do any recreational activities at all.

WORK	HEADACHES
5 <input type="checkbox"/> I can do as much work as I want. 4 <input type="checkbox"/> I can only do my usual work but no more. 3 <input type="checkbox"/> I can do most of my usual work but no more. 2 <input type="checkbox"/> I cannot do my usual work. 1 <input type="checkbox"/> I can hardly do any work at all. 0 <input type="checkbox"/> I cannot do any work at all.	5 <input type="checkbox"/> I have no headaches at all. 4 <input type="checkbox"/> I have slight headaches which come infrequently. 3 <input type="checkbox"/> I have moderate headaches which come infrequently. 2 <input type="checkbox"/> I have moderate headaches which come frequently. 1 <input type="checkbox"/> I have severe headaches which come frequently. 0 <input type="checkbox"/> I have headaches most of the time.

**OFFICE USE ONLY!** Total Score = \_\_\_\_\_ X 2 = \_\_\_\_\_. Subtract score from 100 = \_\_\_\_\_ % Rectified Disability Index Score

# LOW BACK PAIN DISABILITY INDEX

KAISER CHIROPRACTIC, S.C.

Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer every section with the ONE statement that best applies to you or describes your daily situation the closest.

PAIN INTENSITY	STANDING
5 <input type="checkbox"/> My pain comes and goes and is very mild. 4 <input type="checkbox"/> My pain is mild and does not vary much. 3 <input type="checkbox"/> My pain comes and goes and is moderate. 2 <input type="checkbox"/> My pain is moderate and does not vary much. 1 <input type="checkbox"/> My pain comes and goes and is severe. 0 <input type="checkbox"/> My pain is severe and does not vary much.	5 <input type="checkbox"/> I can stand as long as I want without pain. 4 <input type="checkbox"/> I have some pain standing, but it does not increase with time. 3 <input type="checkbox"/> I cannot stand for more than 1 hour without increasing pain. 2 <input type="checkbox"/> I cannot stand for more than 1/2 hour without increasing pain. 1 <input type="checkbox"/> I cannot stand for more than 10 minutes without increasing pain. 0 <input type="checkbox"/> I avoid standing because it increases the pain immediately.
WALKING	SLEEPING
5 <input type="checkbox"/> I have no pain walking. 4 <input type="checkbox"/> I have some pain walking, but it does not increase with distance. 3 <input type="checkbox"/> I cannot walk more than 1 mile without increasing pain. 2 <input type="checkbox"/> I cannot walk more than 1/2 mile without increasing pain. 1 <input type="checkbox"/> I cannot walk more than 1/4 mile without increasing pain. 0 <input type="checkbox"/> I cannot walk at all without increasing pain.	5 <input type="checkbox"/> I have no pain in bed. 4 <input type="checkbox"/> I get pain in bed, but it does not prevent me from sleeping well. 3 <input type="checkbox"/> My normal night's sleep is reduced by less than 1/4, because of pain. 2 <input type="checkbox"/> My normal night's sleep is reduced by less than 1/2, because of pain. 1 <input type="checkbox"/> My normal night's sleep is reduced by less than 3/4, because of pain. 0 <input type="checkbox"/> Pain prevents me from sleeping at all.
LIFTING	SOCIAL LIFE
5 <input type="checkbox"/> I can lift heavy weights without extra pain. 4 <input type="checkbox"/> I can lift heavy weights but it gives me extra pain. 3 <input type="checkbox"/> Pain prevents me lifting heavy weights off the floor. 2 <input type="checkbox"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned e.g., on a table. 1 <input type="checkbox"/> Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. 0 <input type="checkbox"/> I can only lift very light weights at most.	5 <input type="checkbox"/> My social life is normal and gives me no pain. 4 <input type="checkbox"/> My social life is normal, but increases the degree of pain. 3 <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc. 2 <input type="checkbox"/> Pain has restricted my social life and I do not go out very often. 1 <input type="checkbox"/> Pain has restricted my social life to my home. 0 <input type="checkbox"/> I have hardly any social life because of pain.
PERSONAL CARE	TRAVELING
5 <input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain. 4 <input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain. 3 <input type="checkbox"/> Washing and dressing increases the pain, but I manage not to change my way of doing it. 2 <input type="checkbox"/> Washing and dressing increases the pain and I find it necessary to change my way of doing it. 1 <input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help. 0 <input type="checkbox"/> Because of the pain, I am unable to do any washing and dressing without help.	5 <input type="checkbox"/> I have no pain when traveling. 4 <input type="checkbox"/> I get some pain when traveling, but none of my usual forms of travel make it any worse. 3 <input type="checkbox"/> I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. 2 <input type="checkbox"/> I get extra pain while traveling, which compels me to seek alternative forms of travel. 1 <input type="checkbox"/> Pain restricts me to short necessary travel under 1/2 hour. 0 <input type="checkbox"/> Pain prevents all forms of travel.
SITTING	CHANGING DEGREE OF PAIN
5 <input type="checkbox"/> I can sit in any chair as long as I like. 4 <input type="checkbox"/> I can only sit in my favorite chair as long as I like. 3 <input type="checkbox"/> Pain prevents me sitting more than 1 hour. 2 <input type="checkbox"/> Pain prevents me sitting more than 1/2 hour. 1 <input type="checkbox"/> Pain prevents me sitting more than 10 minutes. 0 <input type="checkbox"/> I avoid sitting because it increases pain immediately.	5 <input type="checkbox"/> My pain is rapidly getting better. 4 <input type="checkbox"/> My pain fluctuates, but is definitely getting better. 3 <input type="checkbox"/> My pain seems to be getting better, but improvement is slow. 2 <input type="checkbox"/> My pain is neither getting better or worse. 1 <input type="checkbox"/> My pain is gradually worsening. 0 <input type="checkbox"/> My pain is rapidly worsening.
WORKING	RECREATION
5 <input type="checkbox"/> I can do as much as I want. 4 <input type="checkbox"/> I can only do my usual work but no more. 3 <input type="checkbox"/> I can only do most of my usual work but no more. 2 <input type="checkbox"/> I cannot do my usual work. 1 <input type="checkbox"/> I can hardly do any work at all. 0 <input type="checkbox"/> I cannot do any work at all.	5 <input type="checkbox"/> I am able to engage in all my recreational activities without back pain. 4 <input type="checkbox"/> I am able to engage in all my usual recreational activities with some back pain. 3 <input type="checkbox"/> I am able to engage in most but not all my usual recreational activities because of back pain. 2 <input type="checkbox"/> I am only able to engage in a few of my usual recreational activities because of back pain. 1 <input type="checkbox"/> I can hardly do any recreational activities because of back pain. 0 <input type="checkbox"/> I cannot do any recreational activities at all.

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