

## NECK DISABILITY INDEX QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A. I have no pain at the moment.          B. The pain is very mild at the moment.          C. The pain is moderate at the moment.          D. The pain is fairly severe at the moment.          E. The pain is very severe at the moment.          F. The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration</i></p> <p>A. I can concentrate fully when I want to with no difficulty.          B. I can concentrate fully when I want to with slight difficulty.          C. I have a fair degree of difficulty in concentrating when I want to.          D. I have a lot of difficulty in concentrating when I want to.          E. I have a great deal of difficulty in concentrating when I want to.          F. I can not concentrate at all.</p>
<p><i>SECTION 2 - Personal Care (washing, dressing, etc.)</i></p> <p>A. I can look after myself normally without causing extra pain.          B. I can look after myself normally, but it causes extra pain.          C. It is painful to look after myself and I am slow and careful.          D. I need some help, but manage most of my personal care.          E. I need help every day in most aspects of self-care.          F. I do not get dressed; I wash with difficulty and stay in bed.</p>	<p><i>Section 7 - Work</i></p> <p>A. I can do as much work as I want to.          B. I can only do my usual work, but no more.          C. I can do most of my usual work, but no more.          D. I can not do my usual work.          E. I can hardly do any work at all.          F. I can not do any work at all.</p>
<p><i>Section 3 - Lifting</i></p> <p>A. I can lift heavy weight without extra pain.          B. I can lift heavy wrights but it gives me extra pain.          C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.          D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E. I can lift very light weights.          F. I cannot lift or carrying anything at all.</p>	<p><i>Section 8 - Driving</i></p> <p>A. I can drive my car without any neck pain          B. I can drive my car as long as I want with slight pain in my neck.          C. I can drive my car as long as I want with moderate pain in my neck.          D. I can not drive my car as long as I want because of moderate pain in my neck.          E. I can hardly drive at all because of the severe pain in my neck.          F. I can not drive my car at all.</p>
<p><i>Section 4 - Reading</i></p> <p>A. I can read as much as I want to with no pain in my neck.          B. I can read as much as I want to with slight pain in my neck.          C. I can read as much as I want to with moderate pain in my neck.          D. I cannot read as much as I want because of moderate pain in my neck.          E. I cannot read as much as I want because of severe pain in my neck.          F. I cannot read at all.</p>	<p><i>Section 9 - Sleeping</i></p> <p>A. I have no trouble sleeping.          B. My sleep in slightly disturbed (less than 1 hour sleepless).          C. My sleep in mildly disturbed (1-2 hours sleepless).          D. My sleep is moderately disturbed (2-3 hours sleepless).          E. My sleep is greatly disturbed (3-5 hours sleepless).          F. My sleep is completely disturbed (5-7 hours sleepless).</p>
<p><i>Section 5 - Headaches</i></p> <p>A. I have no headaches at all.          B. I have slight headaches which come infrequently.          C. I have moderate headaches which come infrequently.          D. I have moderate headaches which come frequently.          E. I have severe headaches which come frequently.          F. I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p>A. I am able to engage in all of my recreational activities with no neck pain at all.          B. I am able to engage in all my recreational activities with some pain in my neck.          C. I am able to engage in most, but not all, of my recreational activities because of pain in my neck.          D. I am able to engage in a few of my recreational activities with the pain in my neck.          E. I can hardly do any recreational activities with the pain in my neck.          F. I can not do any recreational activities at all.</p>

COMMENTS: \_\_\_\_\_

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_ Score: \_\_\_\_\_ - \_\_\_\_\_ Disability

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Scoring: [0-4] - No Disability [5-14] - Mild [15-24] - Moderate [25-34] - Severe [34+] - Complete  
 Accident & Sports Injury Clinic 9179 Grissom Road, Suite 131 San Antonio, Texas 78251 210 680-5133

# LOW BACK PAIN AND DISABILITY QUESTIONNAIRE

(Roland-Morris)

When your back hurts, you may find it difficult to do some of the things you normally do.  
Mark only the sentences that describe you today

1.  I stay at home most of the time because of my back.
2.  I walk more slowly than usual because of my back.
3.  Because of my back, I am not doing any jobs that I usually do around the house.
4.  Because of my back, I use a handrail to get upstairs.
5.  Because of my back, I lie down to rest more often.
6.  Because of my back, I have to hold on to something to get out of an easy chair.
7.  Because of my back, I try to get other people to do things for me.
8.  I get dressed more slowly than usual because of my back.
9.  I stand up for only short periods of time because of my back.
10.  Because of my back, I try not to bend or kneel down.
11.  I find it difficult to get out of a chair because of my back.
12.  My back or leg is painful almost all the time.
13.  I find it difficult to turn over in bed because of my back.
14.  I have trouble putting on my socks (or stockings) because of pain in my back.
15.  I sleep less well because of my back.
16.  I avoid heavy jobs around the house because of my back.
17.  Because of back pain, I am more irritable and bad tempered with people than usual,
18.  Because of my back, I go upstairs more slowly than usual.  NONE OF THE ABOVE

Print Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Pamala A. Mitchell, D.C.

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Score: \_\_\_\_\_ / 18