Neck Patient Survey Information Sheet

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient MRN: _____

Date of Birth: _____

Appointment Information

Attending MD: _____

Appointment Date: _____

Appointment Timeframe:

- ☐ Pre-Operative
- ☐ 6 Week
- ☐ 3 Month
- ☐ 6 Month
- ☐ 1 Year
- ☐ 1 Year +

Patient Type: Neck Patient

Neck Disability Index

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

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

- ☐ 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 lifting heavy weights off the floor, but I can manage those conveniently placed.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage light to medium weights.
- ☐ 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 my neck.
- ☐ I cannot read at all.

Neck Disability Index - Continued

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

Section 5 – Headache

- ☐ I have no headaches at all.
- ☐ I have slight headaches, which come in-frequently.
- ☐ I have moderate headaches, which come in-frequently.
- ☐ I have moderate headaches, which come frequently.
- ☐ I have severe headaches, which come frequently.
- ☐ I have headaches almost all the time.

Section 6 - 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 in concentration when I want.
- ☐ I have a lot of difficulty in concentrating when I want.
- ☐ I have a great deal of difficulty in concentrating when I want.
- ☐ I cannot concentrate at all.

Section 7 – Work

- ☐ I can do as much work as I want.
- ☐ I can only 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 neck pain.
- ☐ I can drive my car as long as I want with moderate neck pain.
- ☐ 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.

Neck Disability Index - Continued

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

Section 9 - 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).

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.
- ☐ 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 neck pain.
- ☐ I can hardly do any recreation activities because of neck pain.
- ☐ I can't do any recreation activities at all.

RAND SF36

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 1

In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

Section 2

Compared to one year ago, how would you rate your health in general now?

Much Better Now	Somewhat Better Now	About the Same	Somewhat Worse Now	Much Worse Now
☐	☐	☐	☐	☐

Section 3

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	☐	☐	☐
Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
Lifting or carrying groceries	☐	☐	☐
Climbing several flights of stairs	☐	☐	☐
Climbing one flight of stairs	☐	☐	☐
Bending, kneeling, or stooping	☐	☐	☐
Walking more than a mile	☐	☐	☐
Walking several blocks	☐	☐	☐
Walking on block	☐	☐	☐
Bathing or dressing yourself	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 4

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular activities as a result of your PHYSICAL HEALTH?

	Yes	No
Cut down on the amount of time you spent on work or other activities?	☐	☐
Accomplished less than you would like?	☐	☐
Were limited in the kind of work or other activities?	☐	☐
Had difficulty performing the work or other activities? (Example: it took extra effort)	☐	☐

Section 5

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular activities as a result of any EMOTIONAL PROBLEMS?
(Such as feeling depressed or anxious)

	Yes	No
Cut down on the amount of time you spent on work or other activities?	☐	☐
Accomplished less than you would like?	☐	☐
Didn't do work or other activities as carefully as usual?	☐	☐

Section 6

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?

Not At All	Slightly	Moderately	Quite A Bit	Extremely
☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 7

How much BODILY PAIN have you had during the PAST 4 WEEKS?

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

Section 8

During the PAST 4 WEEKS, how much did pain interfere with your normal work?
(Including both work outside the home and housework)?

Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 9

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:

	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
Did you feel full of pep?	☐	☐	☐	☐	☐	☐
Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
Did you feel worn out?	☐	☐	☐	☐	☐	☐
Have you been a happy person?	☐	☐	☐	☐	☐	☐
Did you feel tired?	☐	☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 10

During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your social activities?
(Like visiting friends, relatives, etc.)

All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
☐	☐	☐	☐	☐

Section 11

How TRUE or FALSE is each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people.	☐	☐	☐	☐	☐
I am as healthy as anybody I know.	☐	☐	☐	☐	☐
I expect my health to get worse.	☐	☐	☐	☐	☐
My health is excellent.	☐	☐	☐	☐	☐

Visual Analogue Scale

This survey asks for your views about your health. Please mark the ONE number that best describes the question being asked.

What is your pain CURRENTLY?

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your TYPICAL or AVERAGE pain?

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your pain level at BEST?
(How close to "0")

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your pain level at WORST?
(How close to "10")

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐