



Neck Index		Please rate your ability to do the following activities: (Please mark only 1 box for each area)	
Pain Intensity	<input type="checkbox"/> 0. I have no pain at the moment	Sleeping	<input type="checkbox"/> 0. I have no trouble sleeping
	<input type="checkbox"/> 1. The pain is very mild at the moment		<input type="checkbox"/> 1. My sleep is slightly disturbed (less than 1 hour sleepless)
	<input type="checkbox"/> 2. The pain comes and goes and is moderate		<input type="checkbox"/> 2. My sleep is mildly disturbed (1-2 hours sleepless)
	<input type="checkbox"/> 3. The pain is fairly severe at the moment		<input type="checkbox"/> 3. My sleep is moderately disturbed (2-3 hours sleepless)
	<input type="checkbox"/> 4. The pain is very severe at the moment		<input type="checkbox"/> 4. My sleep is greatly disturbed (3-5 hours sleepless)
	<input type="checkbox"/> 5. The pain is the worst imaginable at the moment		<input type="checkbox"/> 5. My sleep is completely disturbed (5-7 hours sleepless)
Personal Care	<input type="checkbox"/> 0. I can look after myself normally without causing extra pain	Lifting	<input type="checkbox"/> 0. I can lift heavy weights without extra pain
	<input type="checkbox"/> 1. I can look after myself normally but it causes extra pain		<input type="checkbox"/> 1. I can lift heavy weights but it causes extra pain
	<input type="checkbox"/> 2. It is painful to look after myself and I am slow and careful		<input type="checkbox"/> 2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table)
	<input type="checkbox"/> 3. I need some help but I manage most of my personal care		<input type="checkbox"/> 3. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
	<input type="checkbox"/> 4. I need help every day in most aspects of self care		<input type="checkbox"/> 4. I can only lift very light weights
	<input type="checkbox"/> 5. I do not get dressed, I wash with difficulty and stay in bed		<input type="checkbox"/> 5. I cannot lift or carry anything at all
Reading	<input type="checkbox"/> 0. I can read as much as I want with no neck pain	Driving	<input type="checkbox"/> 0. I can drive my car without any neck pain
	<input type="checkbox"/> 1. I can read as much as I want with slight neck pain		<input type="checkbox"/> 1. I can drive my car as long as I want with slight neck pain
	<input type="checkbox"/> 2. I can read as much as I want with moderate neck pain		<input type="checkbox"/> 2. I can drive my car as long as I want with moderate neck pain
	<input type="checkbox"/> 3. I cannot read as much as I want because of moderate neck pain		<input type="checkbox"/> 3. I cannot drive my car as long as I want because of moderate neck pain
	<input type="checkbox"/> 4. I can hardly read at all because of severe neck pain		<input type="checkbox"/> 4. I can hardly drive at all because of severe neck pain
	<input type="checkbox"/> 5. I cannot read at all because of neck pain		<input type="checkbox"/> 5. I cannot drive my car at all because of neck pain
Concentration	<input type="checkbox"/> 0. I can concentrate fully when I want with no difficulty	Recreation	<input type="checkbox"/> 0. I am able to engage in all my recreation activities without neck pain
	<input type="checkbox"/> 1. I can concentrate fully when I want with slight difficulty		<input type="checkbox"/> 1. I am able to engage in all my usual recreation activities with some neck pain
	<input type="checkbox"/> 2. I have a fair degree of difficulty concentrating when I want		<input type="checkbox"/> 2. I am able to engage in most but not all of my usual recreation activities because of neck pain
	<input type="checkbox"/> 3. I have a lot of difficulty concentrating when I want		<input type="checkbox"/> 3. I am only able to engage in a few of my usual recreation activities because of neck pain
	<input type="checkbox"/> 4. I have a great deal of difficulty concentrating when I want		<input type="checkbox"/> 4. I can hardly do any recreation activities because of neck pain
	<input type="checkbox"/> 5. I cannot concentrate at all		<input type="checkbox"/> 5. I cannot do any recreation activities at all
Work	<input type="checkbox"/> 0. I can do as much work as I want	Headaches	<input type="checkbox"/> 0. I have no headaches at all
	<input type="checkbox"/> 1. I can only do my usual work but no more		<input type="checkbox"/> 1. I have slight headaches with come infrequently
	<input type="checkbox"/> 2. I can only do most of my usual work but no more		<input type="checkbox"/> 2. I have moderate headaches which come infrequently
	<input type="checkbox"/> 3. I cannot do my usual work		<input type="checkbox"/> 3. I have moderate headaches with come infrequently
	<input type="checkbox"/> 4. I can hardly do any work at all		<input type="checkbox"/> 4. I have severe headaches with come frequently
	<input type="checkbox"/> 5. I cannot do any work at all		<input type="checkbox"/> 5. I have headaches almost all the time

Index score – [sum of all statements selected / (# of sections with a statement selected x 5)] X 100 Neck Index Score _____

Name: _____

Date: _____



(Please mark only 1 box for each area)

Disabilities of the Arm, Shoulder And Hand	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight or new jar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do heavy household chores (e.g. wash walls, floors)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Carry a shopping bag or briefcase	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Wash your back	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use a knife to cut food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Arm, shoulder, or hand pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Tingling (pins and needles) in your arm, shoulder, hand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	_____ / 11 Completed Responses				
Work Module	<input type="checkbox"/> I do not work. (You may skip this section)				
Using your usual technique for your work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing your usual work because of arm, shoulder, or hand pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing your work as well as you would like?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Spending your usual amount of time doing your work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sports/performing Arts Module	<input type="checkbox"/> I do not play a sport or an instrument. (You may skip this section)				
Using your usual technique for playing your instrument or sport?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing your musical instrument or sport because of arm, shoulder, or hand pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing your musical instrument or sport as well as you would like?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Spending your usual amount of time practicing or playing your instrument or sport?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
DASH DISABILITY/SYMPTOM SCORE = $\frac{\{(\text{Sum of n responses}) - 1\} \times 25}{N}$, where n is equal to the number of completed responses. N A Dash score may not be calculated if there are greater than 3 missing items					
Total: _____	DASH Score: _____ % disability				

Name: _____

Date: _____