

Name _____ Date of Birth ____/____/____ Today's Date ____/____/____

CSISD Cervical Spine Disability Index[®] IF APPLICABLE

Instructions: Please mark in each category the best description of the disability you feel you have on an average day

Neck and Arm Pain

0. No pain at all
1. Occasional pain not needing any pain killers
2. Mild pain , complete relief with pain killers
3. Moderate pain, some relief with pain killers and able to work through it
4. Moderate pain, some relief with pain killers, unable to work through it
5. Severe pain not relieved with pain killers and unable to do anything

Headaches

0. None at all
1. Occasional headaches not needing any medication
2. Mild headaches complete relief with pain killers
3. Moderate headaches, moderate relief with pain killers and able to work through it
4. Severe headaches, moderate relief with pain killers , not able to work through it
5. Excruciating headaches, not relieved by Pain killers and unable to do anything

Personal Care (Washing, Brushing Teeth, Combing Hair, Dressing, etc)

0. Able to care for myself without much pain
1. Able to care for myself . but causes extra pain
2. Able to painfully care for myself ,but very slow and apprehensive
3. Need some help due to pain and/or weakness but able to manage most of my personal hygiene
4. Need help every day for most aspects of self care due to pain and/or weakness
5. Not able to care for myself, need constant help and stay in bed due to pain and/or weakness

Driving

0. Have no problem driving or reversing
1. Able to drive and reverse, with minimal pain
2. Able to drive but have difficulty reversing vehicle due to restriction of neck movements and minimal pain
3. Able to drive but unable to reverse vehicle due to restriction of neck movements and severe pain
4. Able to drive only 15 minutes and unable to reverse vehicle due to pain and/or weakness
5. Unable to drive a vehicle due to severe pain in the neck/weakness

Shopping

0. Able to shop and carry shopping bags without much pain
1. Able to shop but carrying shopping bags causes extra pain
2. Able to shop but unable to carry shopping bags due to pain and/or weakness
3. Have difficulty shopping and searching for objects in the upper shelves due to pain and/or weakness and restricted neck motion, but compensate by using the rest of my body
4. Unable to locate or reach for objects on the upper shelves and need help due to pain and/or weakness
5. Do not go out shopping due to severe pain and/or weakness

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Cedars-Sinai Institute for Spinal Disorders

PLEASE COMPLETE THIS PAGE

ONLY IF YOU HAVE HAD NECK SURGERY

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Sitting

0. Able to sit and work at a desk without much pain
1. Able to sit and work at a desk, including reading but causes extra pain
2. Able to sit, but unable to work at a desk or read for more than an hour due to neck pain
3. Able to sit, but unable to work at a desk or read for more than 30 minutes
4. Able to sit but unable to work at a desk or read for more than 10 minutes
5. Unable to sit, work at a desk or read due to pain

Sleeping

0. Able to sleep without much difficulty
1. Able to sleep well only with pain killers
2. Even with pain killers get up at least once during the night due to pain
3. Even with pain killers get up at least twice or thrice during the night due to pain
4. Even with pain killers very restless and get up repeatedly during the night due to pain
5. Unable to sleep at all due to pain

Sex Life

0. Normal sex life and causes no extra pain
1. Normal sex life but causes extra pain
2. Near normal sex life, but very painful
3. My sex life is restricted due to pain
4. My sex life is severely restricted and almost absent due to pain
5. Pain prevent me from having any sex life at all

Recreational Activities (Sports, social life, etc)

0. Able to participate in all recreational activities with no extra pain
1. Able to participate in all recreational activities but causes extra pain
2. Able to participate in all recreational activities, but only with pain killers
3. Unable to pursue any energetic recreational activities due to pain and/or weakness
4. My recreational activities are severely restricted due to pain and/or weakness
5. I am unable to pursue any activity due to severe pain and/or weakness

Travelling

0. Able to travel anywhere with no pain
1. Able to travel anywhere but causes extra pain
2. Able to travel anywhere, but restricted to journeys less than two hours due to severe pain and/or weakness
3. Only able to travel on journeys less than an hour due to pain and/or weakness
4. Only able to manage short journeys of 30 minutes or less due to pain and/or weakness
5. Unable to travel anywhere due to pain and/or weakness

Remarks:

Please enter here any disability you feel that you have had as a result of your neck problem, and you feel has not been addressed by the above questions
