

# Neck Disability Index – Initial Visit

Name \_\_\_\_\_

Date \_\_\_\_\_

This questionnaire has been designed to give your therapist information as to how your neck pain has affected you in your everyday life activities. Please answer each section; marking only ONE box which best describes your status today.

**Please rate your pain level with activity:** NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

## 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 (washing, dressing, etc.)

- I can look after myself normally without 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 cannot get dressed, 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 me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are on a table.
- Pain prevents me from lifting heavy weights, but I can manage if they are conveniently placed.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

## Section 4 – Headache

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

## Section 5 - Recreation

- I am able to engage in all my recreational activities without pain.
- I am able to engage in my recreational activities with some pain.
- I am able to engage in most, but not all, of my recreational activities because of my neck pain.
- I am able to engage in a few of my usual recreational activities with some neck pain.
- I can hardly do any recreational activities because of neck pain.
- I can't do any recreational activities at all.

## Section 6 – Reading

- I can read as much as I want with no pain in my neck.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can hardly read at all because of severe neck pain.
- I cannot read at all because of neck pain.

## Section 7 - Work

- I can do as much as I want to.
- 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 usual work at all.
- I can't do any work at all.

## Section 8 – Sleeping

- Pain does not prevent me from sleeping well.
- My sleep is slightly disturbed (<1 hour sleep loss).
- My sleep is mildly disturbed (1-2 hours sleep loss).
- My sleep is moderately disturbed (2-3 hours sleep loss).
- My sleep is greatly disturbed (3-4 hours sleep loss).
- My sleep is completely disturbed (5-7 hours sleep loss).

## Section 9 - 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 concentrating when I want.
- I have a lot of difficulty concentrating when I want.
- I have great difficulty concentrating when I want.
- I cannot concentrate at all.

## Section 10 – Driving

- I can drive my car without 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.
- I can hardly drive my car at all because of severe neck pain.
- I can't drive my car at all.