NAME: _____ DATE: _____

NECK DISABILITY INDEX

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.

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.

On the scales below, please circle the number which best represents your pain levels:

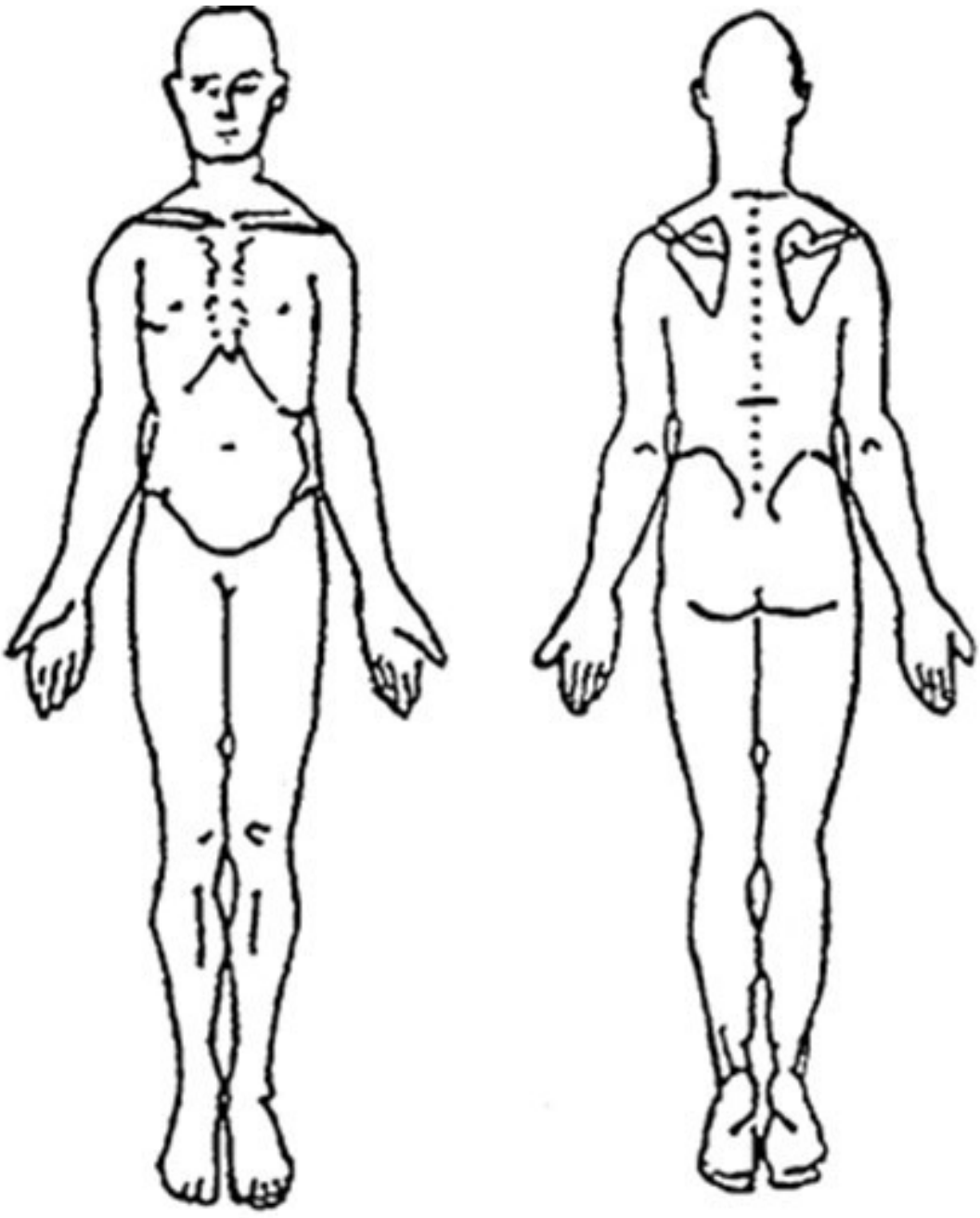
At Worst:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Current:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

At Best:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Please mark your present symptoms on the body chart below.