

Neck Disability Index

Patient Name: _____

Date: ____ / ____ / ____

This questionnaire helps us understand how much your neck pain has affected your ability to manage everyday activities. Please mark **one choice** in each section. We realize you may feel that more than one statement relate to you, but please select that which is most accurate as of right now, today.

SECTION 1 -- PAIN INTENSITY

- A. I have no pain at the moment.
- B. The pain is mild at the moment.
- C. The pain moderate and comes and goes.
- D. The pain is moderate and doesn't vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and doesn't vary much.

SECTION 2 -- PERSONAL CARE

- A. I can look after myself without any extra pain.
- B. I can look after myself, but it causes extra pain.
- C. It is painful to look after myself and therefore I am slow and careful in doing so.
- D. I need some help, but manage most of my personal care on my own.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed, I wash with difficulty, and stay in bed due to the amount of pain.

SECTION 3 -- LIFTING

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor but I can if they're positioned on a table.
- D. Pain prevents me from lifting heavy weights, but I can lift light/medium weights if easily positioned.
- E. I can only lift very light weights.
- F. I cannot lift or carry anything at all.

SECTION 4 -- READING

- A. I can read as much as I want without neck pain.
- B. I can read as much as I want with slight neck pain.
- C. I can read as much as I want with moderate neck pain.
- D. I can't read as much as I want due to moderate neck pain.
- E. I can't read as much as I want due to severe neck pain.
- F. I can't read at all.

SECTION 5 -- HEADACHE

- A. I have no headaches at all.
- B. I have slight headaches that are infrequent.
- C. I have moderate headaches that are infrequent.
- D. I have moderate headaches that are frequent.
- E. I have severe headaches that are frequent.
- F. I have headaches almost all of the time.

SECTION 6 -- CONCENTRATION

- A. I can fully concentrate when I want, without difficulty.
- B. I can fully concentrate when I want, with slight difficulty.
- C. I have a fair degree of difficulty in concentrating.
- D. I have a lot of difficulty in concentrating.
- E. I have a great deal of difficulty in concentrating.
- F. I cannot concentrate at all.

SECTION 7 -- WORK

- A. I can do as much work as I want.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

SECTION 8 -- DRIVING

- A. I can drive without neck pain.
- B. I can drive as long as I want with slight neck pain.
- C. I can drive as long as I want with moderate neck pain.
- D. I cannot drive as long as I want because of moderate neck.
- E. I can hardly drive at all because of severe neck pain.
- F. I cannot drive my car at all.

SECTION 9 -- SLEEP

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (by less than 1 hour).
- C. My sleep is mildly disturbed (by 1-2 hours).
- D. My sleep is moderately disturbed (by 2-3 hours).
- E. My sleep is greatly disturbed (by 3-5 hours).
- F. My sleep is completely disturbed (by over 5 hours).

SECTION 10 -- RECREATION

- A. I am able to engage in all recreational activities without neck pain.
- B. I am able to engage in all recreational activities with some neck pain.
- C. I can engage in most, but not all, recreational activities because of my neck pain.
- D. I can engage in a few of my usual recreational activities because of my neck pain.
- E. I can hardly do any recreational activities because of my neck pain.
- F. I cannot do any recreational activities at all.