

# Neck Disability Index

Name \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you.

<p><b>Section 1 - Pain Intensity</b></p> <p>A. I have no pain at the moment            B. The pain is very mild at the moment            C. The pain is moderate at the moment            D. The pain is fairly severe at the moment            E. The pain is very severe at the moment            F. The pain is the worst imaginable at the moment</p>	<p><b>Section 6 - Concentration</b></p> <p>A. I can concentrate fully when I want with no difficulty            B. I can concentrate fully when I want to with slight difficulty            C. I have a fair degree of difficulty concentrating when I want            D. I have a lot of difficulty concentrating when I want            E. I have a great deal of difficulty concentrating when I want            F. I cannot concentrate at all</p>
<p><b>Section 2 - Personal care (washing, dressing, etc)</b></p> <p>A. I can look after myself normally without extra pain            B. I can look after myself normally, but it is very painful            C. It is painful to look after myself and I am slow and careful            D. I need some help, but manage most of my personal care            E. I need help everyday in most aspects of self care            F. I do not get dressed, wash with difficulty and stay in bed</p>	<p><b>Section 7 - Work</b></p> <p>A. I can do as much work as I want to            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</p>
<p><b>Section 3 - Lifting</b></p> <p>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 manage if they are conveniently positioned            D. Pain prevents me from lifting heavy weights, but I can manage light/medium weights if they are conveniently positioned            E. I can only lift very light weights at the most            F. I cannot lift or carry anything at all</p>	<p><b>Section 8 - Driving</b></p> <p>A. I can drive my car without any neck pain            B. I can drive my car as long as I want with slight neck pain            C. I can drive my car as long as I want with moderate pain in my neck            D. I cannot drive my car as long as I want because of moderate pain in my neck            E. I can hardly drive at all because of severe pain in my neck            F. I cannot drive my car at all</p>
<p><b>Section 4 - Reading</b></p> <p>A. I can read as much as I want to with no pain in my neck            B. I can read as much as I want to with slight pain in my neck            C. I can read as much as I want to with moderate pain in my neck            D. I cannot read as much as I want because of moderate pain in my neck            E. I cannot read as much as I want because of severe pain in my neck            F. I cannot read at all</p>	<p><b>Section 9 - Sleeping</b></p> <p>A. I have no trouble sleeping            B. My sleep is slightly disturbed (less than 1 hour sleepless)            C. My sleep is mildly disturbed (1-2 hours sleepless)            D. My sleep is moderately disturbed (2-3 hours sleepless)            E. My sleep is greatly disturbed (3-5 hours)            F. My sleep is completely disturbed (5-7 hours)</p>
<p><b>Section 5 - Headaches</b></p> <p>A. I have no headaches at all            B. I have slight headaches which come infrequently            C. I have moderate headaches which come infrequently            D. I have moderate headaches which come frequently            E. I have severe headaches which come frequently            F. I have headaches almost all the time</p>	<p><b>Section 10 - Recreation</b></p> <p>A. I am able to engage in all my recreational activities            B. I am able to engage in all recreational activities with some neck pain            C. I am able to engage in most but not all recreational activities because of neck pain            D. I am able to engage in a few recreational activities because of pain in my neck            E. I can hardly do any recreational activities because of neck pain            F. I cannot do any recreational activities at all</p>

Comments: \_\_\_\_\_  
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