## Neck Disability Index

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MAKRE THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT DAT SITUATION.

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 pain imaginable at the moment.

Section 2 – Personal Care

- ☐ I can look after myself normally without causing 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 do not get dressed. I wash with difficulty and stay in bed.

Section 3 – Lifting

- ☐ I can lift heavy weights without causing 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 items if they are conveniently positioned, ie on a table.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Work

- ☐ I can do as much work as I want.
- ☐ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I can't do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I can't do any work at all.

Section 5 – Headaches

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

Section 6 – Concentration

- ☐ I can concentrate fully without difficulty.
- ☐ I can concentrate fully with slight difficulty.
- ☐ I have a fair degree of difficulty concentrating.
- ☐ I have a lot of difficulty concentrating.
- ☐ I have a great deal of difficulty concentrating.
- ☐ I can't concentrate at all.

Section 7 – Sleeping

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed for less than 1 hour.
- ☐ My sleep is mildly disturbed for up to 1 – 2 hours.
- ☐ My sleep is moderately disturbed for up to 2-3 hours.
- ☐ My sleep is greatly disturbed for up to 3-5 hours
- ☐ My sleep is completely disturbed for up to 5-7 hours.

Section 8 – Driving

- ☐ I can drive my car without neck pain.
- ☐ I can drive as long as I want with slight neck pain.
- ☐ I can drive as long as I want with moderate neck pain.
- ☐ I can't drive as long as I want because of moderate neck pain.
- ☐ I can hardly drive at all because of severe neck pain.
- ☐ I can't drive my car at all because of neck pain.

Section 9 – Reading

- ☐ I can read as much as I want with no neck pain.
- ☐ 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't read as much as I want because of severe neck pain.
- ☐ I can't read at all.

Section 10 – Recreation

- ☐ I have no neck pain during all recreational activities.
- ☐ I have some neck pain with all recreational activities.
- ☐ I have some neck pain with a few recreational activities.
- ☐ I have neck pain with most recreational activities.
- ☐ I can hardly do recreational activities due to neck pain.
- ☐ I can't do any recreational activities due to neck pain.

Patient Name_____ Date_____

Score _____ (50) Benchmark -5 + _____

**Name**_____ **Date**_____ **Case #**_____

**Please check the one box in each section that most closely describes your condition.**

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| **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 causing 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 do not get dressed, I 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 conveniently positioned, for example on a table. |
| | Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned. |
| | I can lift very light weights. |
| | I cannot lift or carry anything at all. |
| **Section 4 – Reading** | |
| | I can read as much as I want to with no pain in my neck. |
| | I can read as much as I want to with slight pain in my neck. |
| | I can read as much as I want to with moderate pain in my neck. |
| | I can't read as much as I want because of moderate pain in my neck. |

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| | I can hardly read at all because of moderate pain in my neck. |
| | I cannot read at all. |
| **Section 5 – Headaches** | |
| | 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 frequently. |
| | I have headaches almost all the time. |
| **Section 6 – Concentration** | |
| | I can concentrate fully when I want to with no difficulty. |
| | I can concentrate fully when I want to with slight difficulty. |
| | I have a fair degree of difficulty in concentration when I want to. |
| | I have a lot of difficulty in concentrating when I want to. |
| | I have a great deal of difficulty in concentrating when I want to. |
| | I cannot concentrate at all. |
| **Section 7 – Work** | |
| | I can do as much work 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 work at all. |
| | I can't do any work at all. |
| **Section 8 – Driving** | |
| | I can drive my car without any 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. |

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| | I can't drive my car as long as I want because of moderate pain in my neck. |
| | I can hardly drive at all because of severe pain in my neck. |
| | I can't drive my car at all. |
| **Section 9 – Sleeping** | |
| | I have no trouble sleeping. |
| | My sleep is slightly disturbed (less than 1 hour sleepless). |
| | My sleep is mildly disturbed (1 – 2 hours sleepless). |
| | My sleep is moderately disturbed (2 – 3 hours sleepless). |
| | My sleep is greatly disturbed (3 – 5 hours sleepless). |
| | My sleep is completely disturbed (5 – 7 hours sleepless). |
| **Section 10 – Recreation** | |
| | I am able to engage in all my recreation activities with no neck pain at all. |
| | I am able to engage in all my recreation activities, with some pain in my neck. |
| | I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. |
| | I am able to engage in a few of my usual recreation activities because of pain in my neck. |
| | I can hardly do any recreation activities because of pain in my neck. |
| | I can't do any recreation activities at all. |