

Neck Disability Index



Name: _____

Date: _____

This questionnaire has been designed to give your physical therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and make only **ONE** box which best applies to you at this moment.

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, 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 because of my neck.

SECTION 4-READING

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

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 because of my neck.
- I have a fair degree of difficulty concentrating when I want to because of my neck.
- I have a lot of difficulty concentrating when I want to because of my neck.
- I have a great deal of difficulty concentrating when I want to because of my neck.
- I cannot concentrate at all because of my neck.

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 because of my neck.
- I can hardly do any work at all because of my neck.
- I can't do any work at all because of my neck.

SECTION 8-DRIVING

- I can drive my car without any neck pain.
- I can drive my car as long as I want with only slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- 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 1hr. sleepless)
- My sleep is mildly disturbed (1-2 hrs. sleepless)
- My sleep is moderately disturbed (2-3 hrs. sleepless)
- My sleep is greatly disturbed (3-5 hrs. sleepless)
- My sleep is constantly disturbed (5-7 hrs 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 because of my neck.

Please mark on the line below the pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

No pain at all _____ Worst pain possible

Score /50 %