

Neck Disability Index

Instructions

This questionnaire has been designed to give us information as to how your neck pain is affecting your ability to manage in everyday life. We realize you may consider that two or more statements in any one section may apply but please just shade out the box (“”) that indicates the statement which most clearly describes your problem. The therapist will score this test based on your answers; please do not circle the numbers in the far right column.

Complete EVERY Section	Please check ONE box for each section which best applies to you.	Staff Use Only
Section 1: Pain Intensity	<input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is worst imaginable at the moment.	0 1 2 3 4 5
Section 2: Personal Care (washing, dressing, etc.)	<input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.	0 1 2 3 4 5
Section 3: Lifting	<input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off floor, but I can manage if they are conveniently placed, for example on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can only lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at.	0 1 2 3 4 5
Section 4: Reading	<input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want with moderate pain in my neck. <input type="checkbox"/> I can't read as much as I want due to moderate pain in my neck. <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. <input type="checkbox"/> I cannot read at all.	0 1 2 3 4 5
Section 5: Headaches	<input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches, which come infrequently.. <input type="checkbox"/> I have moderate headaches, which comes infrequently. <input type="checkbox"/> I have moderate headaches, which come frequently. <input type="checkbox"/> I have severe headaches, which come frequently. <input type="checkbox"/> I have headaches almost all the time.	0 1 2 3 4 5

Section 6: Concentration	<input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all.	0 1 2 3 4 5
Section 7: Work	<input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I can't do any work at all.	0 1 2 3 4 5
Section 8: Driving	<input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate neck pain. <input type="checkbox"/> I can't drive as long as I want due to moderate neck pain. <input type="checkbox"/> I can't drive at all due to severe neck pain. <input type="checkbox"/> I can't drive my car at all.	0 1 2 3 4 5
Section 9: Sleeping	<input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hour sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).	0 1 2 3 4 5
Section 10: Recreation	<input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all. <input type="checkbox"/> I am able to engage in all my recreation activities, with some pain in my neck. <input type="checkbox"/> I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. <input type="checkbox"/> I am able to engage in a few of my usual recreation activities because of pain in my neck. <input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck. <input type="checkbox"/> I can't do any recreation activities at all.	0 1 2 3 4 5

Patient's Name: _____ Date Completed: _____