

NECK DISABILITY INDEX

Name _____ Date ____/____/____ File # _____

This questionnaire helps us to understand how much your **neck pain** has affected your ability to perform everyday activities. Please check one box in each section that most clearly describes your problem right now.

<p>Section 1 – Pain Intensity</p> <p><input type="checkbox"/> I have no pain at the moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> The pain is fairly severe at the moment</p> <p><input type="checkbox"/> The pain is very severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment.</p>	<p>Section 6 – Work</p> <p><input type="checkbox"/> I can do as much work as I want to.</p> <p><input type="checkbox"/> I can only do my usual work, but no more.</p> <p><input type="checkbox"/> I can do most of my usual work.</p> <p><input type="checkbox"/> I can't do my usual work.</p> <p><input type="checkbox"/> I can hardly do any work at all.</p> <p><input type="checkbox"/> I can't do any work at all.</p>
<p>Section 2 - Personal Care (washing, dressing, etc.)</p> <p><input type="checkbox"/> I can look after myself without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself but I am careful.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help everyday in most aspects of selfcare.</p> <p><input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.</p>	<p>Section 7 – Concentration</p> <p><input type="checkbox"/> I can concentrate fully with no difficulty.</p> <p><input type="checkbox"/> I can concentrate when I want with slight difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty in concentration.</p> <p><input type="checkbox"/> I have a moderate degree of difficulty in concentration.</p> <p><input type="checkbox"/> I have a great deal of difficulty in concentration.</p> <p><input type="checkbox"/> I cannot concentrate at all.</p>
<p>Section 3 – Lifting</p> <p><input type="checkbox"/> I can lift heavy objects without extra pain.</p> <p><input type="checkbox"/> I can lift heavy objects but it causes extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy objects off the floor.</p> <p><input type="checkbox"/> Pain prevents me from lifting objects off the floor, but I can manage if they are conveniently positioned.</p> <p><input type="checkbox"/> I can only manage medium to light objects if they are conveniently positioned.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p>Section 8 – Driving</p> <p><input type="checkbox"/> I can drive my car without any neck pain.</p> <p><input type="checkbox"/> I can drive as long as I want with slight neck pain.</p> <p><input type="checkbox"/> I can drive as long as I want with moderate neck pain.</p> <p><input type="checkbox"/> I can't drive as long as I want due to moderate neck pain.</p> <p><input type="checkbox"/> I can hardly drive at all due to severe neck pain.</p> <p><input type="checkbox"/> I cannot drive at all.</p>
<p>Section 4 – Reading</p> <p><input type="checkbox"/> I can read as much as I want with no pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want to with slight pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want w/ moderate pain in my neck.</p> <p><input type="checkbox"/> I cannot read as much as I want due to moderate neck pain.</p> <p><input type="checkbox"/> I can hardly read at all due to severe neck pain.</p> <p><input type="checkbox"/> I can't read at all due to neck pain.</p>	<p>Section 9 – Sleeping</p> <p><input type="checkbox"/> I have no trouble sleeping.</p> <p><input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr).</p> <p><input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless).</p>
<p>Section 5 – Headaches</p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches that come frequently.</p> <p><input type="checkbox"/> I have severe headaches that come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p>Section 10 – Recreation</p> <p><input type="checkbox"/> I can engage in all my daily activities with no pain.</p> <p><input type="checkbox"/> I can engage in my daily activities with some pain.</p> <p><input type="checkbox"/> I can engage in most, but not all daily activities.</p> <p><input type="checkbox"/> I can engage in a few of my daily activities.</p> <p><input type="checkbox"/> I can hardly do any activities due to neck pain.</p> <p><input type="checkbox"/> I can't do any daily activities at all.</p>

Score: