



Neck Disability Index

Name: _____ Date: ____/____/____ Score: _____

Please Read:

This questionnaire has been designed to give your doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one box that best describes your condition today.

We realize you may feel that two of the statements in any one section relate to you, but please just mark the box which most closely describes your current condition

<p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"> <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 the worst imaginable at the moment 	<p>Section 6 – Concentration</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can concentrate fully without difficulty. <input type="checkbox"/> I can concentrate fully with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty concentrating. <input type="checkbox"/> I have a lot of difficulty concentration. <input type="checkbox"/> I have a great deal of difficulty concentration. <input type="checkbox"/> I can't concentrate at all
<p>Section 2 – Personal Care (Washing, Dressing, etc.)</p> <ul style="list-style-type: none"> <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. 	<p>Section 7 – Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed for less than 1 hour. <input type="checkbox"/> My sleep is mildly disturbed for up to 1-2 hours. <input type="checkbox"/> My sleep is moderately disturbed for up to 2-3 hours. <input type="checkbox"/> My sleep is greatly disturbed for up to 3-5 hours. <input type="checkbox"/> My sleep is completely disturbed for up to 5-7 hours.
<p>Section 3 – Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without causing extra pain. <input type="checkbox"/> I can lift heavy weights, but it gives me extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned. <input type="checkbox"/> I can lift only very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>Section 8 – Driving</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can drive my car without neck pain. <input type="checkbox"/> I can drive as long as I want with slight neck pain. <input type="checkbox"/> I can drive as long as I want with moderate neck pain. <input type="checkbox"/> I can't drive as long as I want because of moderate neck pain. <input type="checkbox"/> I can hardly drive at all because of severe neck pain. <input type="checkbox"/> I can't drive my car at all because of neck pain.
<p>Section 4 - Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can do as much work as I want. <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 can't 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. 	<p>Section 9 – Reading</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can read as much as I want with no neck pain. <input type="checkbox"/> I can read as much as I want with slight neck pain. <input type="checkbox"/> I can read as much as I want with moderate neck pain. <input type="checkbox"/> I can't read as much as I want because of moderate neck pain. <input type="checkbox"/> I can't read as much as I want because of severe neck pain. <input type="checkbox"/> I can't read at all
<p>Section 5 - Headaches</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches that come infrequently. <input type="checkbox"/> I have moderate headaches that come frequently. <input type="checkbox"/> I have moderate headaches that come infrequently. <input type="checkbox"/> I have severe headaches that come frequently. <input type="checkbox"/> I have headaches almost all the time. 	<p>Section 10 – Recreation</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no neck pain during all recreational activities. <input type="checkbox"/> I have some neck pain with all recreational activities. <input type="checkbox"/> I have some neck pain with a few recreational activities. <input type="checkbox"/> I have neck pain with most recreational activities. <input type="checkbox"/> I can hardly do recreational activities due to neck pain. <input type="checkbox"/> I can't do any recreational activities due to neck pain.