

Name: _____

Date: _____

Physician: _____

NECK DISABILITY INDEX

Instructions: this questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the ONE circle which applies to you. We realize you may consider two of the statements in any section may relate to you, but please mark the circle which most closely describes your problem today.

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

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 of my personal care
- I don't get dressed, I wash with difficulty and stay in bed

3. LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but I causes extra pain
- Pain prevents m fraom lifting heavy weights off the floor, but I can manage if theyare conveniently positioned, for example on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they or conveniently positioned
- I can lift very light weights
- I cannot lift o carry anything at all

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 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

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 com frequently
- I have severe headaches which come frequently
- I have headaches almost all the time

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 concentrating 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

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

8. DRIVING

- I can drive 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't drive my car at all

9. SLEEPING

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr 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 completely disturbed (5-7 hrs sleepless)

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 my neck pain
- I am able to engage in 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

TOTAL: /50