

NECK DISABILITY INDEX

This questionnaire has been designed to give the doctor/physical therapist information as to how your neck has affected your ability to manage in everyday life. Please answer EVERY section and mark in each section ONLY THE ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1 – Pain Intensity

- I have no pain at this moment.
- The pain is very mild at this moment.
- The pain is moderate at this moment.
- The pain is fairly severe at this moment.
- The pain is very severe at this moment.
- The pain is the worst imaginable at this 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 extra pain.
- Pain prevents me from lifting heavy weight off the floor, but I manage if they are conveniently positioned.
- 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

Section 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 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.

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 most of the time.

Section 6 – Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want.
- I have a lot of difficulty in concentrating when I want.
- I have a great deal of difficulty in concentrating when I want.
- I cannot concentrate at all.

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.
- I can hardly do any work at all.
- I can't do any work at all.

Section 8 – Driving

- I can drive my car without neck pain.
- I can drive my car as long as I want with slight pain.
- I can drive my car as long as I want with moderate pain
- 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.
- I can't drive my car at all.

Section 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 sleeplessness)
- My sleep is moderately disturbed (2-3 hrs sleeplessness)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleeplessness)

Section 10 – Recreation

- I am able to engage in all recreation activities with no neck pain at all.
- I am able to engage in all recreation activities with some neck pain.
- I am able to engage in most, but not all usual recreation activities because of neck pain.
- I am able to engage in few of my usual recreation activities because of neck pain.
- I can hardly do any recreation activities because of neck pain.
- I can't do any recreation activities at all