

NECK DISABILITY INDEX

Name _____ Date _____

Age _____ Date of Birth _____ Occupation _____

How long have you had neck pain? _____ Years _____ Months _____ Weeks

Is this your first episode of neck pain? _____ Yes _____ No

USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION
OF YOUR SENSATIONS RIGHT NOW

KEY:

A = ACHE

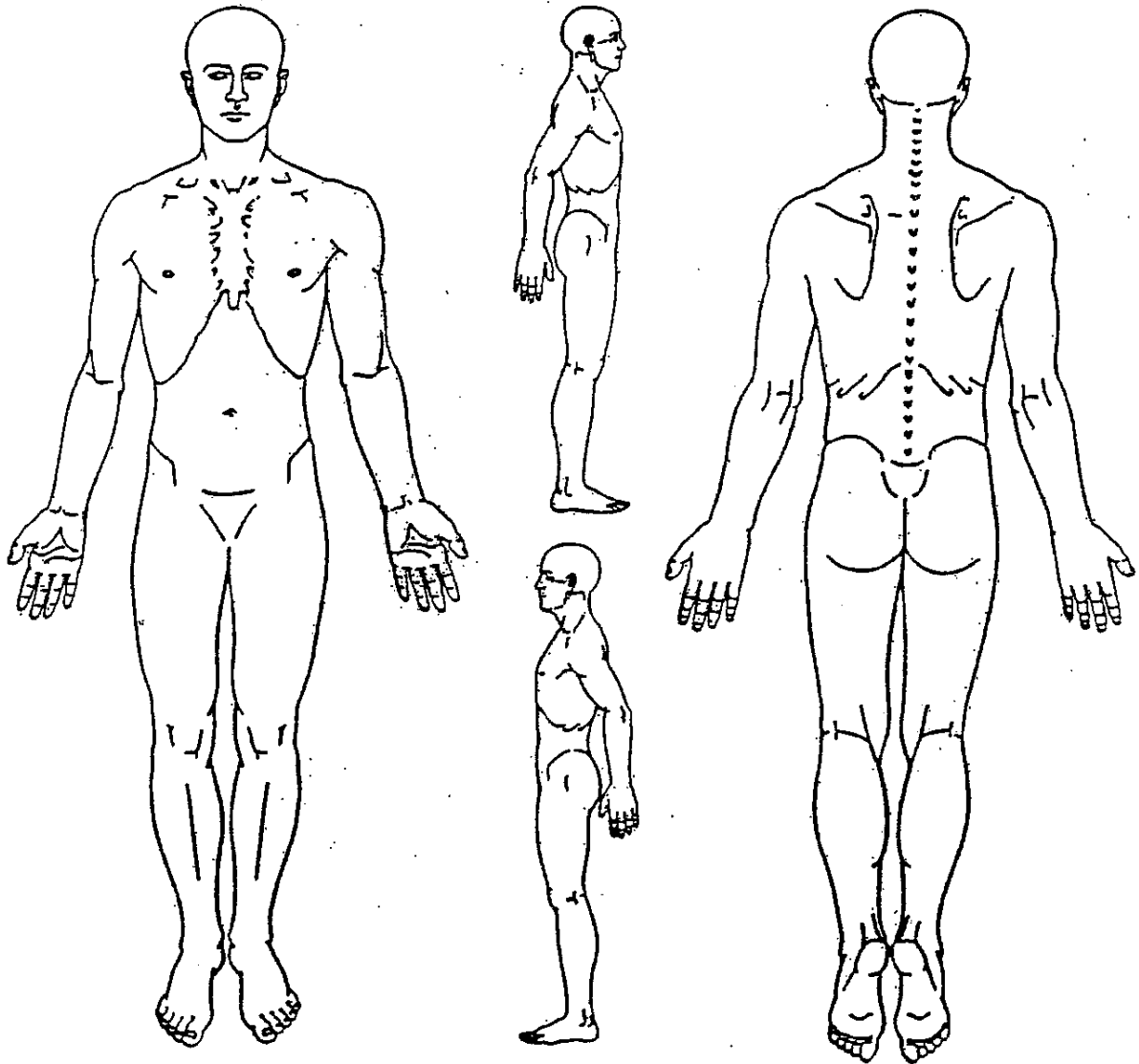
B = BURNING

N = NUMBNESS

P = PINS & NEEDLES

S = STABBING

O = OTHER



TURN OVER

NECK DISABILITY INDEX

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize you may feel that more than one statement relates to you, but only choose the **ONE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW**

SECTION 1 – PAIN INTENSITY

- A. I have no pain at the moment
- B. The pain is very mild at the moment
- C. The pain is moderate at the moment
- D. The pain is fairly severe at the moment
- E. The pain is very severe at the moment
- F. The pain is the worst imaginable at the moment

SECTION 2 – PERSONAL CARE (washing, dressing, etc.)

- A. I can look after myself normally without causing extra pain
- B. I can look after myself normally, but it causes extra pain
- C. It is painful to look after myself and I am slow and careful
- D. I need some help but manage most of my personal care
- E. I need help every day in most aspects of self-care
- F. I do not get dressed, I wash with difficulty and stay in bed

SECTION 3 – LIFTING

- A. I can lift heavy weights without extra pain
- B. I can lift heavy weights, but it gives extra pain
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- E. I can lift very light weights
- F. I cannot lift or carry anything at all

SECTION 4 – READING

- A. I can read as much as I want with no neck pain
- B. I can read as much as I want with slight neck pain
- C. I can read as much as I want with moderate neck pain
- D. I cannot read as much as I want because of moderate neck pain
- E. I cannot read at all

SECTION 5 – HEADACHES

- A. I have no headaches at all
- B. I have slight headaches which come infrequently
- C. I have moderate headaches which come infrequently
- D. I have moderate headaches which come frequently
- E. I have severe headaches which come frequently
- F. I have headaches almost all the time

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Comments: _____

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Score: _____

File #: _____

SECTION 6 – CONCENTRATION

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

SECTION 7 – WORK

- A. I can do as much work as I want to
- B. I can only do my usual work but no more
- C. I could do most of my usual work but no more
- D. I cannot do my usual work
- E. I can hardly do any work at all
- F. I cannot do any work at all

SECTION 8 – DRIVING

- A. I can drive my car without any neck pain
- B. I can drive my car as long as I want with slight neck pain
- C. I can drive my car as long as I want with moderate neck pain
- D. I cannot drive my car as long as I want because of moderate neck pain
- E. I can hardly drive at all because of severe neck pain
- F. I cannot drive my car at all

SECTION 9 – SLEEPING

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed (less than 1 hour sleepless)
- C. My sleep is mildly disturbed (1-2 hours sleepless)
- D. My sleep is moderately disturbed (2-3 hours sleepless)
- E. My sleep is greatly disturbed (3-5 hours sleepless)
- F. My sleep is completely disturbed (5-7 hours sleepless)

SECTION 10 – RECREATION

- A. I am able to engage in all of my recreational activities with no neck pain at all
- B. I am able to engage in all of my recreational activities with some neck pain
- C. I am able to engage in most, but not all, of my usual recreational activities because of neck pain
- D. I am able to engage in a few of my usual recreational activities because of neck pain
- E. I can hardly do any recreational activities because of neck pain
- F. I cannot do any recreational activities at all

SECTION 11 – CHANGING DEGREE OF PAIN

- A. My pain is rapidly getting better
- B. My pain fluctuates but is definitely getting better overall
- C. My pain seems to be getting better, but improvement is slow at present
- D. My pain is neither getting better nor worse
- E. My pain is gradually worsening
- F. My pain is rapidly worsening

DATE: _____