## **Neck Disability Index**

Date of Service: \_\_\_\_\_

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 box that applies to you**. We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Section 1: Pain Intensity	Section 3: Lifting
☐ 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 ☐ The pain is the worst imaginable at the moment ☐ Section 2: Personal Care (Washing, Dressing, etc.)	<ul> <li>☐ I can lift heavy weights without extra pain</li> <li>☐ I can lift heavy weights but it gives extra pain</li> <li>☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table</li> <li>☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned</li> <li>☐ I can only lift very light weights</li> <li>☐ I cannot lift or carry anything</li> </ul>
☐ 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 can 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 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
Patient Last, First Name:  Date of Birth:	

Section 5: Headaches	Section 8: Driving
<ul> <li>□ I have no headaches at all</li> <li>□ I have slight headaches, which come infrequently</li> <li>□ I have moderate headaches, which come infrequently</li> <li>□ I have moderate headaches, which come frequently</li> <li>□ I have severe headaches, which come frequently</li> <li>□ I have headaches almost all the time</li> </ul>	<ul> <li>□ I can drive my car without any neck pain</li> <li>□ I can drive my car as long as I want with slight pain in my neck</li> <li>□ I can drive my car as long as I want with moderate pain in my neck</li> <li>□ I can't drive my car as long as I want because of moderate pain in my neck</li> <li>□ I can hardly drive at all because of severe pain in my neck</li> <li>□ I can't drive my car at all</li> </ul>
Section 6: Concentration	Section 9: Sleeping
<ul> <li>□ I can concentrate fully when I want to with no difficulty</li> <li>□ I can concentrate fully when I want to with slight difficulty</li> <li>□ I have a fair degree of difficulty in concentrating when I want to</li> <li>□ I have a lot of difficulty in concentrating when I want to</li> <li>□ I have a great deal of difficulty in concentrating when I want to</li> <li>□ I cannot concentrate at all</li> </ul>	<ul> <li>□ I have no trouble sleeping</li> <li>□ My sleep is slightly disturbed (less than 1 hr sleepless)</li> <li>□ My sleep is mildly disturbed (1-2 hrs sleepless)</li> <li>□ My sleep is moderately disturbed (2-3 hrs sleepless)</li> <li>□ My sleep is greatly disturbed (3-5 hrs sleepless)</li> <li>□ My sleep is completely disturbed (5-7 hrs sleepless)</li> </ul>
Section 7: Work	Section 10: Recreation
☐ 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	<ul> <li>□ I am able to engage in all my recreation activities with no neck pain at all</li> <li>□ I am able to engage in all my recreation activities, with some pain in my neck</li> <li>□ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck</li> <li>□ I am able to engage in a few of my usual recreation activities because of pain in my neck</li> <li>□ I can hardly do any recreation activities because of pain in my neck</li> <li>□ I can't do any recreation activities at all</li> </ul>
Patient Last, First Name:	
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