NECK DISABILITY INDEX QUESTIONNAIRE



Patient Name	Date
Please read carefully: This questionnaire has been designed to enable us to understand how your neck pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only ONE CHOICE 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 one box, which most closely describes your problem right now.	
SECTION 1 – Pain Intensity	SECTION 6 – Concentration
☐ I have no pain at the moment.	$\hfill\square$ I can concentrate fully when I want to with no difficulty.
☐ The pain is very mild at the moment.	☐ I can concentrate fully when I want to with slight difficulty.
☐ The pain is moderate at the moment.	☐ I have a fair degree of difficulty in concentrating when I want to.
☐ The pain is fairly severe at the moment.	☐ I have a lot of difficulty in concentrating when I want to.
☐ The pain is very severe at the moment.	☐ I have a great deal of difficulty concentrating.
☐ The pain is the worst imaginable at the moment.	☐ I cannot concentrate at all.
SECTION 2 - Personal Care (washing, dressing, etc.)	SECTION 7 – Work
☐ I can look after myself without causing extra pain.	☐ I can do as much work as I want to.
☐ I can look after myself normally but it causes extra pain.	☐ I can only do my usual work, but no more.
☐ It is painful to look after myself and I am slow and careful.	☐ I can do most of my usual work, but no more.
☐ I need some help but manage most of my personal care.	☐ I cannot do my usual work.
☐ I need help every day in most aspects of self care.	☐ I can hardly do any work at all.
☐ I do not get dressed, wash with difficulty and stay in bed.	☐ I cannot do any work at all.
SECTION 3 – Lifting	SECTION 8 – Driving
☐ I can lift heavy weights without extra pain.	☐ I can drive without any neck pain.
☐ I can lift heavy weights but it gives extra pain.	☐ I can drive as long as I want with slight pain in my neck.
\square Pain prevents me from lifting heavy objects off the floor, but I can	$\hfill \square$ I can drive as long as I want with moderate pain in my neck.
manage if they are conveniently positioned, e.g. on a table.	$\hfill\square$ I cannot drive as long as I want because of moderate pain in my
☐ Pain prevents me from lifting heavy weights but I can manage	neck.
light to medium weights if they are conveniently positioned.	☐ I can hardly drive at all because of severe pain in my neck.
☐ I can lift very light weights.	☐ I cannot drive my car at all.
☐ I cannot lift or carry anything at all.	SECTION 0 Sleening
SECTION 4 – Reading	SECTION 9 – Sleeping ☐ I have no trouble sleeping.
☐ I can read as much as I want with no pain in my neck.	☐ My sleep is slightly disturbed (less than 1 hr. sleepless).
☐ I can read as much as I want with slight pain in my neck.	☐ My sleep is mildly disturbed (1 - 2 hrs. sleepless).
☐ I can read as much as I want with moderate pain in my neck	☐ My sleep is moderately disturbed (2 – 5 hrs. sleepless).
☐ I cannot read as much as I want because of moderate pain in my	☐ My sleep is greatly disturbed (3 – 5 hrs. sleepless).
neck.	☐ My sleep is completely disturbed (5 – 7 hrs. sleepless).
$\hfill\square$ I can hardly read at all because of severe pain in my neck.	
☐ I cannot read at all.	SECTION 10 – Recreation
OFOTION 5 Headachea	☐ I am able to engage in all my recreation activities with no neck
SECTION 5 – Headaches	pain at all.
☐ I have no headaches at all.	☐ I am able to engage in all my recreation activities with some pain
 ☐ I have slight headaches which come infrequently. ☐ I have moderate headaches which come infrequently. 	in my neck. □ I am able to engage in most, but not all of my usual recreation
☐ I have moderate headaches which come frequently.	activities because of pain in my neck.
☐ I have severe headaches which come frequently.	☐ I am able to engage in a few of my usual recreation activities
☐ I have headaches almost all the time.	because of pain in my neck.
	☐ I can hardly do any recreation activities because of pain in my
	neck.
	☐ I cannot do any recreation activities at all.
Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by	
10. A score of 22% or more is considered significant activities of daily living disability. (Score x 2) / (Sections x 10) = %ADL	COMMENTS: