Neck Disability Index

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR **NECK PAIN** AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU.

ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY	Section 6 – Concentration
□ I have no neck 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.	☐ I can concentrate fully without difficulty. ☐ I can concentrate fully with slight difficulty. ☐ I have a fair degree of difficulty concentrating. ☐ I have a lot of difficulty concentrating. ☐ I have a great deal of difficulty concentrating. ☐ I can't concentrate at all.
SECTION 2 - PERSONAL CARE	SECTION 7 - WORK
 □ I can look after myself normally without causing extra neck pain. □ I can look after myself normally, but it causes extra neck 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. 	☐ I can do as much work as I want. ☐ I can only do my usual work, but no more. ☐ I can do most of my usual work, but no more. ☐ I can't do my usual work. ☐ I can hardly do any work at all. ☐ I can't do any work at all.
Stay III Deu.	Section 8 – Driving
SECTION 3 — LIFTING ☐ I can lift heavy weights without causing extra neck pain. ☐ I can lift heavy weights, but it gives me extra neck pain. ☐ Neck pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table. ☐ Neck pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned ☐ I can lift only very light weights. ☐ I cannot lift or carry anything at all. SECTION 4 — READING ☐ I can read as much as I want with no neck pain. ☐ I can read as much as I want with moderate neck pain. ☐ I can read as much as I want because of moderate	 ☐ I can drive my car without neck pain. ☐ I can drive my car with only slight neck pain. ☐ I can drive as long as I want with moderate neck pain. ☐ I can't drive as long as I want because of moderate neck pain. ☐ I can hardly drive at all because of severe neck pain. ☐ I can't drive my care at all because of neck pain. ☐ I have no trouble sleeping. ☐ My sleep is slightly disturbed for less than 1 hour. ☐ My sleep is moderately disturbed for up to 1-2 hours. ☐ My sleep is greatly disturbed for up to 3-5 hours. ☐ My sleep is completely disturbed for up to 5-7 hours.
neck pain. ☐ I can't read as much as I want because of severe	Section 10 – Recreation
neck pain. I can't read at all.	I am able to engage in all my recreational activities with no neck pain at all.
SECTION 5 — HEADACHES I have no headaches at all. I have slight headaches that come infrequently. I have moderate headaches that come infrequently. I have moderate headaches that come frequently. I have severe headaches that come frequently. I have headaches almost all the time.	 I am able to engage in all my recreational activities with some neck pain. I am able to engage in most, but not all of my recreationa activities because of pain in my neck. I am able to engage in a few of my recreational activities because of neck pain. I can hardly do recreational activities due to neck pain. I can't do any recreational activities due to neck pain.
DATIENT NAME	Date

SCORE _____[50]

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