

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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| --- | --- |
| **Section 1 – Pain Intensity**   * 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   **Section 2 – Personal Care**   * 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 mange 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 causing extra pain * I can lift heavy weights, but it gives me extra pain * Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned (on a table) * 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 – Work**   * 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 cannot do my usual work * I can hardly do any work at all * I cannot do any work 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 | **Section 6 – Concentration**   * 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 cannot concentrate at all   **Section 7 – Sleeping**   * I have no trouble sleeping * My sleep is slightly disturbed for less than 1 hour * My sleep is mildly disturbed for up to 1-2 hours * My sleep is moderately disturbed for up to 2-3 hours * My sleep is greatly disturbed for up to 3-5 hours * My sleep is completely disturbed for up to 5-7 hours   **Section 8 – Driving**   * I can drive my car without neck pain * I can drive as long as I want with slight neck pain * I can drive as long as I want with moderate neck pain * I cannot drive as long as I want because of moderate neck pain * I can hardly drive at all because of severe neck pain * I cannot drive my car at all because of neck pain   **Section 9 – Reading**   * I can read as much as I want with no neck pain * I can read as much as I want with slight neck pain * I can read as much as I want with moderate neck pain * I cannot read as much as I want because of moderate neck pain * I cannot read as much as I want because of severe neck pain * I cannot read at all   **Section 10 – Recreation**   * I have no neck pain during all recreational activities * I have some neck pain with a few recreational activities * I have some neck pain with most recreational activities * I have neck pain with all recreational activities * I can hardly do recreational activities due to neck pain * I cannot do any recreational activities due to neck pain |

**SCORE: \_\_\_\_\_\_\_\_\_/50**