

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