

Name: _____

Date: _____

NECK DISABILITY INDEX

This questionnaire has been designed to give your Physical Therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark only the ONE box which best applies to you at this moment.

SECTION 1 – PAIN INTENSITY

- I can tolerate the pain that I have without taking pain medication
- The pain is bad but I manage without taking pain medication
- Pain medication gives me complete relief from pain.
- Pain medication gives me moderate relief from pain
- Pain medication gives me very little relief from pain.
- Pain medication has no effect on the pain and I do not use it.

SECTION 2 – PERSONAL CARE (Washing, Dressing, etc.)

- I can take care of myself normally without causing an increase in my pain
- I can look after myself normally but it causes an increase in my pain.
- It is painful to take care of myself and that requires me to be 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.

SECTION 3 – LIFTING

- I can lift heavy weights without increasing my pain.
- I can lift heavy weights but it does increase my pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium 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 pain in my neck.
- I can read as much as I want 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 because of my neck.

SECTION 5 – HEADACHES

- I have no headaches at all.
- I have slight headaches, which come infrequently.
- I have moderate headaches, which come infrequently.
- I have moderate headaches, which come frequently.
- I have severe headaches, which come frequently.
- I have headaches almost all the time.

SECTION 6 – CONCENTRATION

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty because of my neck.
- I have a fair degree of difficulty concentrating when I want o because of my neck.
- I have a lot of difficulty concentrating when I want because of my neck.
- I have a great deal of difficulty concentrating when I want to because of my neck.
- I cannot concentrate at all because of my neck.

SECTION 7 – WORK

- 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 because of my neck.
- I can hardly to any work at all because of my neck.
- I can't do any work at all because of my neck.

SECTION 8 – DRIVING

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- I can't drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

SECTION 9 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed (5-7hrs sleepless).

SECTION 10 – RECREATION

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities with some pain in my neck.
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all because of pain in my neck.

SCORE _____ / 50 _____%

Please mark on the line below the amount of pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

No pain at all _____ worst pain possible