

Neck Disability Index



This questionnaire is designed to help us better understand how your neck pain affects your ability to manage your everyday 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 **one box** that **most closely** describes your condition right now.

Section 1: Pain Intensity

- I have no pain at the moment.
- The pain is very mild 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.

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, so I am slow and careful.
- I need some help, but I manage most of my personal care.
- I need help everyday in most aspects of self-care.
- Because of the pain, I avoid most aspects of personal care.

Section 3: Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- I can only lift heavy weights if they are conveniently positioned at waist level.
- I can manage to lift medium weights if they are conveniently positioned.
- At most, I can only lift very light weights.

Section 4: Work

- I can do as much work as I want.
- I can do my usual work, but no more.
- I can only 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.

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 can't concentrate at all.

Section 7: Sleeping

- I have no trouble sleeping.
- Sleep is slightly disturbed for less than 1 hour.
- Sleep is mildly disturbed for 1-2 hours.
- Sleep is moderately disturbed for 2-3 hours.
- Sleep is greatly disturbed for 3-5 hours.
- Sleep is completely disturbed for 5-7 hours.

Section 8: Driving

- I get no pain while driving.
- I can drive, but it causes pain.
- Pain limits my driving to less than 2 hours.
- Pain limits my driving to less than 1 hour.
- Pain limits my driving to less than ½ hour.
- Because of pain, I only drive to doctor appointments.

Section 9: Reading

- I do not experience neck pain while reading.
- There is only slight pain while reading.
- There is moderate pain while reading.
- I limit my reading because it causes moderate pain.
- I limit my reading because it causes severe pain.
- I do not read at all because of the pain.

Section 10: Recreation

- I do not experience pain during activities.
- I have some pain during intense activity.
- I have some pain during most activities.
- I have moderate pain with most activities.
- Because of the pain, I can hardly be active.
- I avoid all activity because of the pain.

Name: _____

Date: _____

For Office Use

Score: _____