

NECK DISABILITY INDEX

Score _____/50 _____%

Name _____

Date _____

Instructions: This questionnaire has been designed to give the Physical Therapist information as to how your neck pain has affected your ability to manage everyday life. Please check the ONE statement per section which best describes your condition in the **past 24 hours**.

I 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.

II PERSONAL CARE (WASHING, DRESSING, ETC.)

- I can take care of myself normally without causing an increase in 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.

III 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.

IV 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 the severe pain in my neck.
- I cannot read at all because of the pain in my neck.

V 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 of the time.

VI 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 to 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.

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

VIII DRIVING

- I can drive my car without 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.

IX SLEEPING

- I have no trouble sleeping.
- My sleep is mildly disturbed (less than 1 hour of sleeplessness.)
- My sleep is mildly disturbed (1-2 hours of sleeplessness.)
- My sleep is moderately disturbed (2-3 hours of sleeplessness.)
- My sleep is greatly disturbed (3-5 hours of sleeplessness.)
- My sleep is completely disturbed (5-7 hours of sleeplessness.)

X RECREATION AND SPORTS

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

Instructions: Please place an X on the line to indicate the amount of neck pain you have had in the **past 24 hours**. The scale ranges from "no pain at all" to the "worst possible pain."

no pain at all _____

_____ worst pain possible