Neck Disability Index

This questionnaire has been designed to give the therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the **ONE** box which applies to you. WE realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Name Date	
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Section 1 - Neck Pain Intensity □ I have no pain at the moment □ The pain is very mild at the moment
\Box The pain is very mild at the moment
\Box The pain is moderate at the moment
\Box The pain is fairly severe at the moment
\Box The pain is very severe at the moment
\Box The pain is the worst imaginable at the moment
Section 2 - Personal Care (Washing, Dressing etc.)
□ 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 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 extra neck pain
□ I can lift heavy weights but it gives extra neck pain
□ Neck pain prevents me from lifting heavy weights off the floor, but I can manage if
they are conveniently positioned, for example on a table
□ Neck pain prevents me from lifting heavy weights, but I can manage light to medium
weights if they are conveniently positioned
□ I can lift very light weights
□ I cannot lift or carry anything at all

Section 4 - Reading

 \Box I can read as much as I want, with no pain in my neck

 \Box I can read as much as I want, with slight pain in my neck

 \Box I can read as much as I want, with moderate pain in my neck

I cannot 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

 \Box I cannot read at all because of the pain in my neck

Section 5 - Headaches

 \Box I have no headaches at all

□ I have slight headaches which come infrequently

 \Box I have moderate headaches which come infrequently

 \Box I have moderate headaches which come frequently

 \Box I have severe headaches which come frequently

 \Box I have headaches almost all the time

Neck Disability Index

Name _	Date
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
	\Box I have a fair degree of difficulty in concentrating when I want to
	\Box I have a lot of difficulty in concentrating when I want to
	\Box I have a great deal of difficulty in concentrating when I want to
	□ I cannot concentrate at all
Section	7 - Work
	\Box I can do as much work as I want to
	\Box I can only do my usual work, but no more
	\Box I can do most of my usual work, but no more
	□ I cannot do my usual work
	\Box I can hardly do any work at all
	□ I cannot do any work at all
Section	8 - Driving
	\Box I can drive my car without any neck pain at all
	\Box 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
	\Box I cannot 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
	\Box I cannot drive my car at all because of the pain in my neck
Section	9 - Sleeping
	□ I have no trouble sleeping
	\Box My sleep is barely disturbed (less than 1 hr. sleepless)
	\Box 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)
	\Box My sleep is completely disturbed (5-7 hrs sleepless)

Section 10 - Recreation

 \Box I am able to engage in all my recreational activities, with no neck pain at all

□ I am able to engage in all my recreational activities, with some pain in my neck

 \Box I am able to engage in most, but not all of my usual recreational activities, because of the pain in my neck

 \Box I am able to engage in a few of my usual recreational activities, because of the pain in my neck

□ I can hardly engage in any recreational activities because of the pain in my neck □ I cannot engage in any recreational activities at all because of the pain in my neck