



# Neck Disability Index

Patient Account # _____
Doctor # _____
Reviewed By _____

Patient Name: \_\_\_\_\_ File # \_\_\_\_\_ Date \_\_\_\_\_

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

### SECTION 1- PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild.
- The pain is moderate.
- The pain is fairly severe.
- The pain is very severe.
- The pain is the worst imaginable.

### SECTION 2- PERSONAL CARE (Washing, Dressing, etc.)

- I look after myself normally, without causing extra pain
- I look after myself normally, but it causes extra pain.
- It is painful to look after myself, but 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 selfcare.
- I do not get dressed: I wash with difficulty and stay in bed.

### SECTION 3- LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weighted items.
- I can lift medium weighted items
- I can lift light weights only.
- I cannot lift or carry anything at all.

### SECTION 4-READING

- I can read as much as I want without pain.
- I can read as much as I want with slight pain.
- I can read as much as I want with moderate pain.
- I can't read as much as I want because of the pain.
- I can hardly read due to severe pain in my neck.
- I cannot read at all.

### SECTION 5- HEADACHES

- I have no headaches at all.
- I have slight headaches infrequently.
- I have moderate headaches infrequently.
- I have moderate headaches frequently.
- I have severe headaches frequently.
- I have headaches all the time.

### SECTION 6- CONCENTRATION

- I can concentrate fully with no difficulty.
- I can concentrate 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.
- I cannot concentrate at all.

### SECTION 7-WORK

- I can do as much work as I want.
- I can do my usual work, but not more.
- I can do most of my usual work.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work.

### SECTION 8- DRIVING

- I can drive without any neck pain.
- I can drive as much as I want with slight pain.
- I can drive but I have moderate neck pain.
- I can't drive because of my moderate pain.
- I can't drive because I have severe neck pain.
- I can't drive my car at all.

### SECTION 9- SLEEPING

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

### SECTION 10- RECREATION

- I can engage in all activities with no neck pain.
- I can engage in all activities with some pain.
- I can engage in most, but not all activities.
- I can engage in only a few activities due to neck pain.
- I can hardly do recreational activities due to pain.
- I can't do any recreational activities.

Total: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In signing this document, I attest that all the preceding information is accurate.