Neck Disability Index

Name	Date	_ Patient #
This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one circle which applies to you. We realize you may consider that two of the statements in any section may relate to you, but please just mark the circle which most closely describes your problem .		
Section 1 - Pain intensity O I have no pain at the mon O The pain is very mild at th O The pain is moderate at th O The pain is fairly severe a O The pain is very severe a O The pain is the worst ima	ne moment. The moment. That the moment.	
 O I can look after myself no O It is painful to look after O I need some help but ma O I need help everyday in O I do not get dressed, I was 	ormally without causing extroormally but it causes extra possible and I am slow and capanage most of my personal commost aspects of self care.	areful. are. in bed.
Section 3 - Lifting (skip in your neck pain) O I can lift heavy weights to I can lift heavy weights to Pain prevents me from liconveniently positioned, O Pain prevents me from lift they are conveniently O I can lift only very light wo	without extra pain. but it gives extra pain. ifting heavy weights off the fi e.g. on a table. fting heavy weights but I can positioned. veights.	lifting since the onset of loor, but I can manage if they are manage light to medium weights
Section 4 - Reading O I can read as much as I O I can read as much as I O I can read as much as I O I cannot read as much a O I can hardly read at all b O I cannot read at all.	want to with slight pain in it want with moderate pain in it is I want because of modera	my neck. te pain in my neck.
Section 5 - Headaches O I have no headaches at O I have slight headaches O I have moderate headac O I have moderate headac O I have severe headache O I have headaches all the	ches which come infrequently. ches which come infrequently es which come frequently.	ly.

Section 6 - Concentration

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

Section 7 - Work

- O I can do as much as I want to.
- O I can only do my usual work, but no more.
- O I can do most of my usual work, but no more.
- O I cannot do my usual work.
- O I can hardly do any work at all.
- O I cannot do any work at all.

Section 8 - Driving

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

Section 9 - Sleeping

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

Section 10 - Recreation

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