

NECK DISABILITY INDEX QUESTIONNAIRE

Patient Name: _____ Today's Date: _____

Instructions: This questionnaire has been designed to give your 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 the ONE answer, which applies to you. We realize that you may consider that two statement in any one section relate to you; but please mark the answer, which most closely describes your problem.

1. 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 severe at the moment
- The pain is worst imaginable at the moment

2. 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 weights, 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 very light weights
- I cannot lift or carry anything at all.

3. 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 all the time.

4. 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 every day in most aspects of self-care.
- I need help every day in most aspects of self-care.
- I do not get dressed; I was with difficulty and stay in bed.

5. 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 severe pain in my neck.
- I cannot read at all.

6. Concentration

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

7. Work

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

8. Sleeping

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

9. Driving

- I can drive my car without any neck pain
- I can drive as long as I want with slight pain in my neck.
- I can drive as long as I want with moderate pain in my neck.
- I can't drive as long as I want with 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.

10. Recreation

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

On a scale of 0 to 10 with 0 being no pain and 10 being the worst pain imaginable, mark on the scale below you CURRENT level of pain

0	1	2	3	4	5	6	7	8	9	10
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Patient Signature _____