

NECK DISABILITY INDEX

Name: _____ **DOB:** ____ / ____ / ____ **Date:** ____ / ____ / ____

Please read: This questionnaire is designed to enable us to better understand how much your neck pain has affected your ability to manage everyday activities. Please answer each section by circling **ONLY ONE CHOICE** that most applies to you. We realize that on statement may / may not exactly related to you, but circle the one choice that most closely describes your pain at this time.

SECTION ONE PAIN INTENSITY

- (0) I have no pain at the moment.
- (1) The pain is very mild at the moment.
- (2) The pain is moderate at the moment.
- (3) The pain is fairly severe at the moment.
- (4) The pain is very severe at the moment.
- (5) The pain is the worst imaginable at the moment.

SECTION TWO HEADACHE

- (0) I have no headache at all.
- (1) I have slight headaches which come infrequently.
- (2) I have moderate headaches which come infrequently.
- (3) I have moderate headaches which come frequently.
- (4) I have severe headaches which come frequently.
- (5) I have headaches almost all the time.

SECTION THREE READING

- (0) I can read as much as I want to with no pain in my neck.
- (1) I can read as much as I want to with slight pain in my neck.
- (2) I can read as much as I want with moderate pain in my neck.
- (3) I can't read as much as I want because of moderate pain in my neck.
- (4) I can hardly read at all because of severe pain in my neck.
- (5) I cannot read at all

SECTION FOUR CONCENTRATION

- (0) I can concentrate fully when I want to with no difficulty.
- (1) I can concentrate fully when I want to with slight difficulty.
- (2) I have a fair degree of difficulty in concentrating when I want to.
- (3) I have a lot of difficulty in concentrating when I want to.
- (4) I have a great deal of difficulty in concentrating when I want to.
- (5) I cannot concentrate at all

SECTION FIVE SLEEPING

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

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SECTION SIX

PERSONAL CARE (*Dressing, Washing, etc.*)

- (0) I do not have to change the way I wash and dress myself to avoid pain.
- (1) I do not normally change the way I wash or dress myself even though it causes some pain.
- (2) Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- (3) Washing and dressing increases my pain, and I find it necessary to change the way I do it.
- (4) Because of my pain I am partially unable to wash and dress without help.
- (5) Because of my pain I am completely unable to wash or dress without help.

SECTION SEVEN

LIFTING

- (0) I can lift heavy weights without increased pain.
- (1) I can lift heavy weights but it causes increased pain.
- (2) Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
- (3) Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- (4) I can lift only very light weights.
- (5) I can not lift or carry anything at all

SECTION EIGHT

WORK

- (0) I can do as much as I want to.
- (1) I can only do my usual work but no more.
- (2) I can do most of my usual work, but no more.
- (3) I cannot do my usual work.
- (4) I can hardly do any work at all.
- (5) I can't do any work at all

SECTION NINE

DRIVING

- (0) I can drive my car without any neck pain.
- (1) I can drive my car as long as I want with slight pain in my neck.
- (2) I can drive my car as long as I want with moderate pain in my neck.
- (3) I can't drive my car as long as I want because of moderate pain in my neck.
- (4) I can hardly drive at all because of severe pain in my neck.
- (5) I can't drive my car at all.

SECTION TEN

RECREATION

- (0) I am able to engage in all my recreational activities with no neck pain at all.
- (1) I am able to engage in all my recreational activities with some pain in my neck.
- (2) I am able to engage in most but not all of my usual recreational activities because of pain in my neck.
- (3) I am able to engage in a few of my usual recreational activities because of pain in my neck.
- (4) I can hardly do any recreational activities because of pain in my neck.
- (5) I can't do any recreational activities at all.

CERVICAL INDEX SCORE: _____ / 50 **Transform to percentage score x100 =** _____ % points