



Name _____

Date _____

Neck Disability Index Questionnaire

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your spinal problem for which you are currently seeking attention. Please provide an answer for each activity.

Please rate your pain level with activity: No Pain= 0 1 2 3 4 5 6 7 8 9 10=Severe Pain

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.

Personal Care (Washing Dressing etc.)

- 0 I can look after myself normally without extra pain.
- 1 I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help, but manage most of my personal care.
- 4 I need help every day in most aspects of self-care.
- 5 I do not get dressed; I wash with difficulty and stay in bed.

Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are on a table.
- 3 Pain prevents me from lifting heavy weights, but I can manage if they are conveniently placed.
- 4 I can only lift very light weights.
- 5 I cannot lift or carry anything at all.

Headache

- 0 I have no headaches 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.

Recreation

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

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 with slight neck pain.
- 2 I can read as much as I want with moderate neck pain.
- 3 I cannot read as much as I want because of moderate neck pain.
- 4 I cannot read as much as I want because of severe neck pain.
- 5 I cannot read at all because of neck pain.

Work

- 0 I can do as much work 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 usual work at all.
- 5 I cannot do any work at all.

Sleeping

- 0 Pain does not prevent me from sleeping well.
- 1 My sleep is slightly disturbed (less than 1 hour sleep loss).
- 2 My sleep is mildly disturbed (1-2 hours sleep loss).
- 3 My sleep is moderately disturbed (2-3 hours sleep loss).
- 4 My sleep is greatly disturbed (3-4 hours sleep loss).
- 5 My sleep is completely disturbed (5-7 hours sleep loss).

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.

Driving

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

TOTAL _____