

Neck Disability Index

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section by filling in the **ONE** circle which applies to you.

Section 1 – Pain Intensity

- ⓪ I can tolerate the pain at the moment without having to use painkillers.
- ① The pain is bad but I can manage without taking painkillers.
- ② Painkillers give complete relief from pain.
- ③ Painkillers give moderate relief from pain.
- ④ Painkillers give very little relief from pain.
- ⑤ Painkillers have no effect on the pain and I do not use them.

Section Section 2 – Personal Care (Washing, Dressing, etc.)

- ⓪ I can look after myself normally without causing 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.

Section 3 – Lifting

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

Section 4 – 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 cannot 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 5 – Headaches

- ⓪ I have no headaches at all.
- ① I have slight headaches that 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.

Scoring: Each section is scored vertically from 0-5. Calculate the total sum, multiply by 2, divide by number of sections answered, divide by 10. This will be the percent of disability caused by neck pain.

Score: _____ % ADL Disability

Section 6 – 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 7 – Work

- ⓪ I can do as much work as I want to.
- ① I can 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 cannot do any work at all.

Section 8 – 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 cannot 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 cannot drive my car at all.

Section 9 – Sleeping

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

Section 10 – Recreation

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

Patient Name: _____

Date: _____