

# NECK DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities. Please mark in each section the **ONE BOX** that applies to you. Although you may consider that 2 of the statements in any one section relate to you, please mark the box that **MOST CLOSELY** describes your present-day situation.

## SECTION 1 - PAIN INTENSITY

- I have no pain at the moment.
- The pain is mild at the moment.
- The pain is moderate at the moment
- The pain is fairly sever at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

## SECTION 2 - PERSONAL CARE (WASHING, DRESSING, ETC.)

- I can look after myself 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, but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed. I wash with difficulty and stay in bed.

## SECTION 3 - LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if items 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 only very light weights.
- I cannot lift or carry anything at all.

## SECTION 4 - READING

- I can read as much as I want to with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I cannot read at all.

## SECTION 5 - HEADACHES

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come in-frequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

## SECTION 6 - CONCENTRATION

- I can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I cannot concentrate at all.

## SECTION 7 - WORK

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

## SECTION 8 - DRIVING

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

## SECTION 9 - SLEEPING

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

## SECTION 10 - RECREATION

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

Comments: \_\_\_\_\_

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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