



Institute for Low Back and Neck Care

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NECK DISABILITY INDEX

Name: _____

Exam Date: _____

Physician's Name: _____

Account # _____

Instructions: This questionnaire has been designed to give the 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 **ONLY THE ONE** which applies to you. We realize you may consider that two of the statements in any one section relate to you. **PLEASE JUST MARK THE ONE WHICH MOST CLEARLY DESCRIBES YOUR PROBLEM.** Please place your initials and date by any change you make.

Section 1 - Pain Intensity (mark only one)

- 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 2 - Personal Care (washing, dressing, etc.) (mark only one)

- 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 (mark only one)

- 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 conveniently positioned, for example, on a table.
- 3 Pain prevents me from lifting heavy weights off the floor, 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 (mark only one)

- 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 to, 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 5 - Headaches (mark only one)

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

Section 6 - Concentration (mark only one)

- 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 (mark only one)

- 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 can't do any work at all.

Section 8 - Driving (mark only one)

- 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 9 - Sleeping (mark only one)

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

Section 10 - Recreation (mark only one)

- 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 neck pain.
- 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 few of my recreation activities, because of pain in my neck.
- 4 I can hardly do any recreation activities, because of pain in my neck.
- 5 I can't do any recreation activities at all.