
NECK DISABILITY INDEX

Name: _____ Address: _____

Date: _____

Date of Birth: _____

This questionnaire has been designed to give your clinician information as to how your neck pain has affected you in your everyday life activities. Please answer every section; marking only ONE box which best describes your status today.

SECTION 1 — Pain intensity

- I have no pain at this moment.
- The pain is very mild at the moment.
- The pain is moderate at this moment.
- The pain is fairly severe 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 normally 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, 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 gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently placed.
- 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 pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want to with moderate pain in my neck.
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

SECTION 5 - Headache

- I have no headache at all.
 - I have slight headaches, which come infrequently.
 - I have moderate headaches, which come infrequently.
 - I have moderate headaches, which come frequently.
 - I have severe headaches, which come frequently.
 - I have headaches almost all the time.
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SECTION 6 — Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

Patient: _____

SECTION 7 — Work

- I can do as much 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 can't do any work at all.

SECTION 8 — Driving

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

SECTION 9 — Sleeping

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

SECTION 10 — Recreation

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

Comments: _____

