

Neck Disability Index Questionnaire

Name: _____ Date: ____/____/____ Score: _____

This questionnaire is designed to help your Physical Therapist understand how much your neck pain has affected your ability to manage in everyday life. Please answer each section and mark only **ONE BOX** which best applies to you at this moment.

PAIN INTENSITY

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

PERSONAL CARE

- I would not have to change my way of washing or dressing to avoid 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

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 if they are conveniently positioned, like 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 very light weights
- I cannot lift or carry anything at all

READING

- I can read as much as I want with no pain in my neck
- I can read as much as I want with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I cannot read as much as I want because of moderate pain in my neck
- I cannot read as much as I want because of severe pain in my neck
- I cannot read at all

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HEADACHES

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

CONCENTRATION

- I can concentrate fully with no 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 concentrating
- I cannot concentrate at all

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

DRIVING

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

SLEEPING

- I have no trouble sleeping at all
- My sleep is slightly disturbed (less than 1 hour)
- 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)

RECREATION

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