

# NECK DISABILITY INDEX

Patient's Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the severity of your back pain by circling a number below

0	1	2	3	4	5	6	7	8	9	10
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No Pain

Unbearable Pain

**Instructions:** Please mark the ONE BOX in each section which most closely describes your problem.

## Section 1 – Pain Intensity

- 0. The pain comes and goes and is very mild.
- 1. The pain is mild and does not vary much.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain comes and goes and is severe.
- 5. The pain is severe and does not vary much.

## 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 my personal care.
- 5. I can 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 me extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned eg. on a table.
- 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 only very light weights.
- 5. I cannot lift or carry anything at all.

## Section 4 – Reading

- 0. I can read as much as I want with no pain in my neck.
- 1. I can read as much as I want 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, which occur infrequently.
- 2. I have moderate headaches, which occur infrequently.
- 3. I have moderate headaches, which occur frequently.
- 4. I have severe headaches, which occur frequently.
- 5. I have headaches all the time.

## 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 not all.
- 3. I cannot do my usual work.
- 4. I can hardly do any work at all.
- 5. Pain prevents me from sleeping 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 at all.

## Section 9 – Sleeping

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

## Section 10 – Recreation

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

Clinician Review \_\_\_\_\_

Score: \_\_\_\_\_