

The Neck Disability Index

Name: _____ Date: _____

Instructions: Circle the ONE NUMBER that best describes your problem.

Pain Intensity

- 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.

Personal Care (Washing, Dressing, etc.)

- 0 I do not have to change the way I wash and dress myself to avoid pain.
- 1 I do not normally change the way I wash or dress myself even though it causes some pain.
- 2 Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- 3 Washing and dressing increases my pain, and I find it necessary to change the way I do it.
- 4 Because of my pain I am partially unable to wash and dress without help.
- 5 Because of my pain I am completely unable to wash or dress without help.

Lifting

- 0 I can lift heavy weights without increased pain.
- 1 I can lift heavy weights but it causes increased pain
- 2 Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
- 3 Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can lift only very light weights.
- 5 I can not lift or carry anything at all.

Reading

- 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 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.

Headache

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

Continued on back

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.

Work

- 0 I can do as much as I want to.
- 1 I can only 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.

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 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.

Sleeping

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

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 pain in my neck.
- 2 I am able to engage in most but not all of my usual recreational activities because of pain in my neck.
- 3 I am able to engage in a few of my usual recreational activities because of pain in my neck.
- 4 I can hardly do any recreational activities because of pain in my neck.
- 5 I can't do any recreational activities at all.

TOTAL _____