

Neck Pain Disability Index

Please Read: This questionnaire is designed to enable us to understand how much your neck pain is affected your ability to manage everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel more than one statement may relate to you, but please just circle the one choice which closely describes your problem *right now*.

Section 1 – Pain intensity

- A. I have no pain at the moment
- B. The pain is mild at the moment
- C. The pain comes and goes and is moderate
- D. The pain is moderate and doesn't vary much
- E. The pain is severe but comes and goes
- F. The pain is severe and doesn't vary much

Section 2 – Personal care (washing dressing)

- A. I can look after myself without causing extra pain
- B. I can look after myself normally but it causes extra pain
- C. It is painful to look after myself and I have to do it slow and careful
- D. I need some help but manage most of my personal care
- E. I need help every day in most aspects of self care
- F. I don't get dressed. I wash with difficulty and stay in bed

Section 3 – Lifting

- A. I can lift heavy weight without extra pain
- B. I can lift heavy weight but it causes pain
- C. Pain prevents me from lifting heavy weight
- D. Pain prevents me from lifting heavy weight but I can manage to do it if they are conveniently positioned
- E. I can lift very light weights
- F. I cannot lift or carry anything at all

Section 4 – Reading

- A. I can read as much as I want with no neck pain
- B. I can read as much as I want with slight neck pain
- C. I can read as much as I want with moderate neck pain
- D. I cannot read as much as I want because of moderate pain in my neck
- E. I cannot read as much as I want because of severe pain in my neck
- F. I cannot read at all

Section 5 – Headache

- A. I have no headaches at all
- B. I have slight headaches that comes infrequently
- C. I have moderate headaches that come infrequently
- D. I have moderate headaches that come frequently
- E. I have severe headaches that come frequently
- F. I have headaches almost all the time

Section 6 – Concentration

- A. I can concentrate fully with no difficulty
- B. I can concentrate fully with slight
- C. I have some difficulty in concentrating
- D. I have a lot of difficulty concentrating
- E. I have a great deal of difficulty concentrating
- F. I cannot concentrate at all

Section 7 – Work

- A. I can do as much work as I want to
- B. I can only do my usual work
- C. I can do most of my usual work but no more
- D. I cannot do my usual work
- E. I can hardly do any work at all
- F. I cannot do any work at all

Section 8 – Driving

- A. I can drive my car with no neck pain
- B. I can drive as long as I want with slight neck pain
- C. I can drive as long as I want with moderate neck pain
- D. I cannot drive as long as I want because of moderate neck pain
- E. I can hardly drive because of severe neck pain
- F. I cannot drive at all

Section 9 – Sleeping

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed (less than 1 hour sleepless)
- C. My sleep is mildly disturbed (1-2 hours sleepless)
- D. My sleep is moderately disturbed (2-3 hours)
- E. My sleep is greatly disturbed (3-5 hours)
- F. My sleep is completely disturbed (5-7 hours)

Section 10 – Recreation

- A. I am able to engage in all recreational activities with no neck pain
- B. I am able to engage in all recreational activities with some neck pain
- C. I am able to engage in most but not all recreational activities
- D. I am able to engage in a few of my usual recreational activities because of neck pain
- E. I can hardly do any recreational activities
- F. I cannot do any recreational activities

Signature _____

Date _____

Disability Index Score _____%