

Neck Disability Index

Patient Name _____ Birth date _____ Today's Date _____

This questionnaire has been designed to give your physical therapist information about how your neck pain has affected your ability to manage everyday life. Please mark only ONE box that applies to you in each section. We realize that you may consider that two of the statements in any one section relate to you, but **please just mark the one box that most closely describes your current status.**

SECTION 1 – 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 the worst imaginable at the moment.

During the past 24 hours, my maximum pain rating was:

0 1 2 3 4 5 6 7 8 9 10

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; I 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 causes extra pain
- Pain prevents me from lifting heavy weight off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Pain prevents me from lifting heavy weight off the floor, but I can manage light to medium weights if they are conveniently positioned, for example, on a table.
- I can only lift 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 – HEADACHES

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

PLEASE COMPLETE OTHER SIDE

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.

SECTION 7 – WORK

- I can do as much work as I want to.
- I can 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 sleepless.)
- My sleep is mildly disturbed (1-2 hours sleepless.)
- My sleep is moderately disturbed (2-3 hours sleepless.)
- My sleep is greatly disturbed (3-5 hours sleepless.)
- My sleep is completely disturbed (5-7 hours sleepless.)

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 neck pain.
- 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 few of my 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.



Since beginning therapy, my condition has improved:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Section 2: To be completed by your Physical Therapist/Provider

SCORE: _____ %

- 10-28% - Mild**
- 30-48% - Moderate**
- 50-68% - Severe**
- 72% + - Complete**