

Name: _____

Date: _____

Neck Disability Index

Please answer every question and mark only the ONE box which best applies to you at this moment.

Section 1 - Pain Intensity

- | | |
|---|--|
| <input type="checkbox"/> I have no pain at this moment. | <input type="checkbox"/> The pain is fairly severe at the moment. |
| <input type="checkbox"/> The pain is very mild at the moment. | <input type="checkbox"/> The pain is very severe at the moment. |
| <input type="checkbox"/> The pain is moderate at the moment. | <input type="checkbox"/> The pain is the worst imaginable at the moment. |

Section 2 - Personal Care (Washing, Dressing, etc.)

- | | |
|--|--|
| <input type="checkbox"/> I can look after myself normally without causing extra pain. | <input type="checkbox"/> I need help but manage most of my personal care. |
| <input type="checkbox"/> I can look after myself normally but it causes extra pain. | <input type="checkbox"/> I do not get dressed. I wash with difficulty and I stay in bed. |
| <input type="checkbox"/> It is painful to look after myself and I am slow and careful. | |

Section 3 - Lifting

- | | |
|---|---|
| <input type="checkbox"/> I can lift heavy weights without extra pain. | <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. |
| <input type="checkbox"/> I can lift heavy weights but it gives extra pain. | <input type="checkbox"/> I can lift very light weights. |
| <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table. | <input type="checkbox"/> I cannot lift or carry anything at all because of my neck. |

Section 4 - Reading

- | | |
|--|---|
| <input type="checkbox"/> I can read as much as I want with no pain in my neck. | <input type="checkbox"/> I can't read as much as I want because of moderate pain in neck. |
| <input type="checkbox"/> I can read as much as I want with slight pain in my neck. | <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. |
| <input type="checkbox"/> I can read as much as I want with moderate pain in my neck. | <input type="checkbox"/> I cannot read at all because of my neck. |

Section 5 - Headaches

- | | |
|---|---|
| <input type="checkbox"/> I have no headaches at all. | <input type="checkbox"/> I have moderate headaches which come frequently. |
| <input type="checkbox"/> I have slight headaches which come infrequently. | <input type="checkbox"/> I have severe headaches which come frequently. |
| <input type="checkbox"/> I have moderate headaches which come infrequently. | <input type="checkbox"/> I have headaches all the time. |

Section 6 - Concentration

- | | |
|--|---|
| <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. | <input type="checkbox"/> I have a lot of difficulty concentrating when I want because of my neck. |
| <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty because of my neck. | <input type="checkbox"/> I have a great deal of difficulty concentrating when I want to because of my neck. |
| <input type="checkbox"/> I have a fair degree of difficulty concentrating when I want to because of my neck. | <input type="checkbox"/> I cannot concentrate at all because of my neck. |

Section 7 - Work

- | | |
|---|--|
| <input type="checkbox"/> I can do as much as I want to. | <input type="checkbox"/> I cannot do my usual work because of my neck. |
| <input type="checkbox"/> I can only do my usual work, but no more. | <input type="checkbox"/> I can hardly do any work at all because of my neck. |
| <input type="checkbox"/> I can do most of my usual work, but no more. | <input type="checkbox"/> I can't do any work at all because of my neck. |

Section 8 - Driving

- | | |
|--|--|
| <input type="checkbox"/> I can drive my car without any neck pain. | <input type="checkbox"/> I can't drive my car as long as I want because of moderate pain in my neck. |
| <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. | <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. |
| <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. | <input type="checkbox"/> I can't drive my car at all. |

Section 9 - Sleeping

- | | |
|---|--|
| <input type="checkbox"/> I have no trouble sleeping. | <input type="checkbox"/> My sleeping is moderately disturbed (2-5 hrs. sleepless). |
| <input type="checkbox"/> My sleeping is slightly disturbed (less than 1 hour) | <input type="checkbox"/> My sleeping is greatly disturbed (3-5 hrs. sleepless). |
| <input type="checkbox"/> My sleeping is mildly disturbed (1-2 hrs. sleepless) | <input type="checkbox"/> My sleeping is completely disturbed (5-7 hrs sleepless). |

Section 10 - Recreation

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|---|---|
| <input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all. | <input type="checkbox"/> I am able to engage in a few of my usual recreation activities because of pain in my neck. |
| <input type="checkbox"/> I am able to engage in all my recreation activities with some pain in my neck. | <input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck. |
| <input type="checkbox"/> I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. | <input type="checkbox"/> I can't do any recreation activities at all because of my neck. |