

Neck Pain Disability Index Questionnaire

Patient Name _____

Date _____

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

<p>Section 1: Pain Intensity</p> <ul style="list-style-type: none"> <input type="radio"/> I have no pain at the moment. <input type="radio"/> The pain is very mild at the moment. <input type="radio"/> The pain is moderate at the moment. <input type="radio"/> The pain is fairly severe at the moment. <input type="radio"/> The pain is very severe at the moment. <input type="radio"/> The pain is the worst imaginable at the moment. 	<p>Section 2: Personal Care</p> <ul style="list-style-type: none"> <input type="radio"/> I can look after myself normally without causing extra pain. <input type="radio"/> I can look after myself normally but it causes extra pain <input type="radio"/> It is painful to look after myself and I am slow and careful. <input type="radio"/> I need some help but can manage most of my personal care. <input type="radio"/> I need help every day in most aspects of self-care. <input type="radio"/> I do not get dressed, wash with difficulty and stay in bed.
<p>Section 3: Lifting</p> <ul style="list-style-type: none"> <input type="radio"/> I can lift heavy weights without extra pain. <input type="radio"/> I can lift heavy weights but it gives me extra pain. <input type="radio"/> Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table). <input type="radio"/> Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. <input type="radio"/> I can only lift very light weights. <input type="radio"/> I cannot lift or carry anything. 	<p>Section 4: Reading</p> <ul style="list-style-type: none"> <input type="radio"/> I can read as much as I want with no pain in my neck. <input type="radio"/> I can read as much as I want with slight pain in my neck. <input type="radio"/> I can read as much as I want to with moderate pain. <input type="radio"/> I can't read as much as I want because of moderate pain in my neck. <input type="radio"/> I can hardly read at all because of severe pain in my neck. <input type="radio"/> I cannot read at all.
<p>Section 5: Headaches</p> <ul style="list-style-type: none"> <input type="radio"/> I have no headaches at all. <input type="radio"/> I have slight headaches which come infrequently. <input type="radio"/> I have slight headaches which come frequently. <input type="radio"/> I have moderate headaches which come infrequently. <input type="radio"/> I have moderate headaches which come frequently. <input type="radio"/> I have headaches almost all the time. 	<p>Section 6: Concentration</p> <ul style="list-style-type: none"> <input type="radio"/> I can concentrate fully when I want to with no difficulty. <input type="radio"/> I can concentrate fully when I want to with slight difficulty. <input type="radio"/> I have a fair degree of difficulty in concentrating when I want. <input type="radio"/> I have a lot of difficulty in concentrating when I want to. <input type="radio"/> I have a great deal of difficulty in concentrating when I want to. <input type="radio"/> I cannot concentrate at all.

<p>Section 7: Work</p> <ul style="list-style-type: none"> ○ I can do as much work as I want to. ○ I can only 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. 	<p>Section 8: Driving</p> <ul style="list-style-type: none"> ○ I 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 my car at all because of severe pain in my neck. ○ I can't drive my car at all.
<p>Section 9: Sleeping</p> <ul style="list-style-type: none"> ○ I have no trouble sleeping ○ My sleep is slightly disturbed (less than 1 hr. sleepless). ○ My sleep is mildly disturbed (1-2 hrs. sleepless) ○ My sleep is moderately disturbed (2-3 hrs. sleepless) ○ My sleep is greatly disturbed (3-4 hrs. sleepless). ○ My sleep is completely disturbed (5-7 hrs. sleepless) 	<p>Section 10: Recreation</p> <ul style="list-style-type: none"> ○ I am able to engage in all my recreation activities with no neck pain at all. ○ I am able to engage in all my recreation activities with some pain in my neck. ○ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. ○ I am able to engage in a few of my usual recreation activities because of pain in my neck. ○ I can hardly do any recreation activities because of pain in my neck. ○ I can't do any recreation activities at all.

Score: _____ / 50