Patient's Name	Number	_ Date
NECK DISABILITY INDEX		
This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which MOST CLOSELY describes your problem.		
Section 1 - Pain Intensity	Section 6 – Concentration	n
☐ 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.	☐ I have a lot of difficulty in co	n I want to with slight difficulty.  Sulty in concentrating when I want to.
Section 2 Personal Care (Washing, Dressing, etc.)	Section 7—Work	
☐ 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.	☐ I can do as much work as I☐ I can only do my usual work☐ I can do most of my usual work.☐ I cannot do my usual work.☐ I can hardly do any work at ☐ I can't do any work at all.	k, but no more. vork, but no more.
Section 3 – Lifting	Section 8 – Driving	
<ul> <li>☐ I can lift heavy weights without extra pain.</li> <li>☐ I can lift heavy weights but it gives extra pain.</li> <li>☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.</li> <li>☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li>☐ I can lift very light weights.</li> <li>☐ I cannot lift or carry anything at all.</li> </ul>	<ul><li>☐ I can drive my car as long a neck.</li><li>☐ I can't drive my car as long in my neck.</li></ul>	neck pain. as I want with slight pain in my neck. as I want with moderate pain in my as I want because of moderate pain all because of severe pain in my
Section 4 – Reading	Section 9 - Sleeping	
☐ 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 with moderate pain. ☐ 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.	☐ I have no trouble sleeping. ☐ My sleep is slightly disturbe ☐ My sleep is moderately dist ☐ My sleep is moderately dist ☐ My sleep is greatly disturbe ☐ My sleep is completely disturbe ☐ My sleep is completely disturbe	urbed (1-2 hrs. sleepless). urbed (2-3 hrs. sleepless). d (3-4 hrs. sleepless).
Section 5-Headaches		ny recreation activities with no neck
<ul> <li>☐ I have no headaches at all.</li> <li>☐ I have slight headaches which come infrequently.</li> <li>☐ I have slight headaches which come frequently.</li> <li>☐ I have moderate headaches which come infrequently.</li> <li>☐ I have severe headaches which come frequently.</li> <li>☐ I have headaches almost all the time.</li> </ul>	pain in my neck.  ☐ I am able to engage in mos activities because of pain in ☐ I am able to engage in a few because of pain in my neck.	w of my usual recreation activities

neck.

Comments\_

☐ I can't do any recreation activities at all.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores

and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily

\_Sections x 10) = \_

%ADL

living disability.

\_ x 2) / (\_

(Score\_

%ADL