

# NECK DISABILITY INDEX QUESTIONNAIRE

Complete the questionnaire below as to how your neck pain has affected your ability to manage in everyday life. Please mark just ONE response in each section which most clearly describes your problem.

**SURGERY:** If you have had surgery, are you pleased with the results, and would you recommend the procedure to others? (if applicable) **Yes:** \_\_\_\_ **No:** \_\_\_\_

## 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 worse imaginable at the moment

## SECTION 2: Personal Care (washing, dressing)

- 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, I am slow and careful
- I need some help but manage most my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, I wash with difficulty & stay in bed

## SECTION 3 LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but can manage if conveniently positioned
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

## SECTION 4 READING

- I can read as much as I want with no neck pain
- I can read as much as I want with slight neck pain
- I can read as much as I want with slight neck pain
- I cannot read as much as I want because of moderate neck pain
- I can hardly read at all because of severe neck pain
- 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 which come infrequently
- I have severe headaches which come frequently
- I have headaches almost all the time

## SECTION 6 CONCENTRATION

- I can concentrate fully when I want 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 concentrating when I want to
- I cannot concentrate at all

## SECTION 7 WORK

- I can do as much work as I want
- 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 cannot do any work at all

## SECTION 8 DRIVING

- I can drive my car without neck pain
- I can drive my car as long as I want with slight pain in the neck
- I can drive my car as long as I want with moderate pain in my neck
- I cannot 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 cannot drive my car at all

## SECTION 9 SLEEPING

- I have no trouble sleeping
- My sleep is slightly disturbed (<1hr)
- My sleep is mildly disturbed (1-2hrs)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs)
- My sleep is completely disturbed (5-7 hrs sleepless)

## SECTION 10 RECREATION

- I am able to engage in all my recreation activities with no neck pain
- I am able to engage in all my recreation activities; some neck pain
- I am able to engage in most, but not all of my usual recreation activities because of neck pain
- I am able to engage in a few of my usual recreation activities because of neck pain
- I can hardly do any recreation activities because of neck pain
- I cannot do any recreation activities at all