

# NECK PAIN & DISABILITY INDEX

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Please complete this questionnaire by circling **ONLY ONE** answer in each section. It is designed to give your therapist information about how your neck pain has affected your ability to manage in everyday life.

<p><b>Section 1 - Pain Intensity</b></p> <ol style="list-style-type: none"> <li>0. I have no pain at the moment.</li> <li>1. The pain is mild at the moment.</li> <li>2. The pain comes and goes and is moderate.</li> <li>3. The pain is moderate and does not vary much.</li> <li>4. The pain is severe but comes and goes.</li> <li>5. The pain is severe and does not vary much.</li> </ol>	<p><b>Section 6 - Concentration</b></p> <ol style="list-style-type: none"> <li>0. I can concentrate fully when I want to, with no difficulty.</li> <li>1. I can concentrate fully when I want to, with slight difficulty.</li> <li>2. I have a fair degree of difficulty in concentrating when I want to.</li> <li>3. I have a lot of difficulty in concentrating when I want to.</li> <li>4. I have a great deal of difficulty in concentrating when I want to.</li> <li>5. I cannot concentrate at all.</li> </ol>
<p><b>Section 2 - Personal Care (Washing, Dressing, etc.)</b></p> <ol style="list-style-type: none"> <li>0. I can look after myself without causing extra pain.</li> <li>1. I can look after myself normally but it causes extra pain.</li> <li>2. It is painful to look after myself and I am slow and careful.</li> <li>3. I need some help, but manage most of my personal care.</li> <li>4. I need help every day in most aspects of self-care.</li> <li>5. I do not get dressed; I wash with difficulty and stay in bed.</li> </ol>	<p><b>Section 7 - Work</b></p> <ol style="list-style-type: none"> <li>0. I can do as much work as I want to.</li> <li>1. I can only do my usual work, but no more.</li> <li>2. I can do most of my usual work, but no more.</li> <li>3. I cannot do my usual work.</li> <li>4. I can hardly do any work at all.</li> <li>5. I cannot do any work at all.</li> </ol>
<p><b>Section 3 - Lifting</b></p> <ol style="list-style-type: none"> <li>0. I can lift heavy weights without extra pain.</li> <li>1. I can lift heavy weights but it causes extra pain.</li> <li>2. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g., on a table.</li> <li>3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.</li> <li>4. I can lift very light weights.</li> <li>5. I cannot lift or carry anything at all.</li> </ol>	<p><b>Section 8 - Driving</b></p> <ol style="list-style-type: none"> <li>0. I can drive my car without neck pain.</li> <li>1. I can drive my car as long as I want with slight pain in my neck.</li> <li>2. I can drive my car as long as I want with moderate pain in my neck.</li> <li>3. I cannot drive my car as long as I want because of moderate pain in my neck.</li> <li>4. I can hardly drive my car at all because of severe pain in my neck.</li> <li>5. I cannot drive my car at all.</li> </ol>
<p><b>Section 4 - Reading</b></p> <ol style="list-style-type: none"> <li>0. I can read as much as I want to with no pain in my neck.</li> <li>1. I can read as much as I want with slight pain in my neck.</li> <li>2. I can read as much as I want with moderate pain in my neck.</li> <li>3. I cannot read as much as I want because of moderate pain in my neck.</li> <li>4. I cannot read as much as I want because of severe pain in my neck.</li> <li>5. I cannot read at all.</li> </ol>	<p><b>Section 9 - Sleeping</b></p> <ol style="list-style-type: none"> <li>0. I have no trouble sleeping.</li> <li>1. My sleep is slightly disturbed (less than 1 hour sleepless).</li> <li>2. My sleep is mildly disturbed (1-2 hours sleepless).</li> <li>3. My sleep is moderately disturbed (2-3 hours sleepless).</li> <li>4. My sleep is greatly disturbed (3-5 hours sleepless).</li> <li>5. My sleep is completely disturbed (5-7 hours sleepless)</li> </ol>
<p><b>Section 5 - Headaches</b></p> <ol style="list-style-type: none"> <li>0. I have no headaches at all.</li> <li>1. I have slight headaches which come frequently.</li> <li>2. I have moderate headaches which come infrequently.</li> <li>3. I have moderate headaches which come frequently.</li> <li>4. I have severe headaches which come frequently.</li> <li>5. I have headaches almost all the time.</li> </ol>	<p><b>Section 10 - Recreation</b></p> <ol style="list-style-type: none"> <li>0. I am able to engage in all my recreational activities with no pain in my neck at all.</li> <li>1. I am able to engage in all recreational activities with some pain in my neck.</li> <li>2. I am able to engage in most, but not all recreational activities because of pain in my neck.</li> <li>3. I am able to engage in a few of my usual recreational activities because of pain in my neck.</li> <li>4. I can hardly do any recreational activities because of pain in my neck.</li> <li>5. I cannot do any recreational activities at all.</li> </ol>

**SCORE:** \_\_\_\_\_