

Name: _____



Neck Disability Index

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday-life activities. In each section below, please carefully circle ONE number that describes your pain. Although you may consider that two of the statements in any one section relates to you, please circle only ONE number that most closely describes your current situation.

Section 1 – PAIN INTENSITY

0. I have no neck pain at this moment.
1. The pain is mild at the moment.
2. The pain is moderate at the moment.
3. The pain is fairly severe at the moment.
4. The pain severe at the moment.
5. The pain is the worst imaginable at the moment.

Section 2 – PERSONAL CARE

0. I can look after myself normally without causing extra neck pain.
1. I can look after myself normally, but it causes extra neck pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help but can manage most of my personal care.
4. I need help every day in most aspects of self care.
5. I do not get dressed, I wash with difficulty and stay in bed.

Section 3 – LIFTING

0. I can lift heavy weights without extra neck pain.
1. I can lift heavy weights, but it gives extra neck pain.
2. Neck pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e. on a table.

3. Neck pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
4. I can only lift very light weights.
5. I cannot lift or carry anything at all.

Section 4 – WORK

0. I can do as much work as I want.
1. I can do only my usual work, but no more.
2. I can do most of my usual work, but no more.
3. I cannot do my usual work.
4. I can hardly do any work at all.
5. I cannot do any work at all.

Section 5 – HEADACHES

0. I have no headaches at all.
1. I have slight headaches that come infrequently.
2. I have moderate headaches that come frequently.
3. I have severe headaches that come frequently.
4. I have headaches almost all of the time.

Section 6 – CONCENTRATION

0. I can concentrate fully without difficulty.
1. I can concentrate fully with slight difficulty.
2. I have a fair degree of difficulty concentrating.
3. I have a lot of difficulty concentrating.



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Please circle ONE number in each section which most closely describes your problem.

4. I have a great deal of difficulty concentrating.
5. I cannot concentrate at all.

Section 7 – SLEEPING

0. I have no trouble sleeping.
1. My sleep is slightly disturbed for less than 1 hour.
2. My sleep is mildly disturbed for less than 1-2 hours.
3. My sleep is moderately disturbed for up to 2-3 hours.
4. My sleep is greatly disturbed for up to 3-5 hours.
5. My sleep is completely disturbed for up to 5-7 hours.

Section 8 – DRIVING

0. I can drive my car without neck pain.
1. I can drive my car with only slight neck pain.
2. I can drive as long as I want with moderate neck pain.
3. I cannot drive as long as I want because of moderate neck pain.
4. I can hardly drive at all because of severe neck pain.
5. I cannot drive at all because of neck pain.

Section 9 – READING

0. I can read as much as I want with no neck pain.
1. I can read as much as I want with slight neck pain.

2. I can read as much as I want with moderate neck pain.
3. I cannot read as much as I want because of severe neck pain.
4. I cannot read at all.

Section 10 – RECREATION

0. I am able to engage in all recreational activities with no neck pain.
1. I am able to engage in all my recreational activities with some neck pain.
2. I am able to engage in most, but not all of my recreational activities because of pain in my neck.
3. I am able to engage in a few of my recreational activities because of neck pain.
4. I can hardly do recreational activities due to neck pain.
5. I cannot do any recreational activities due to neck pain.