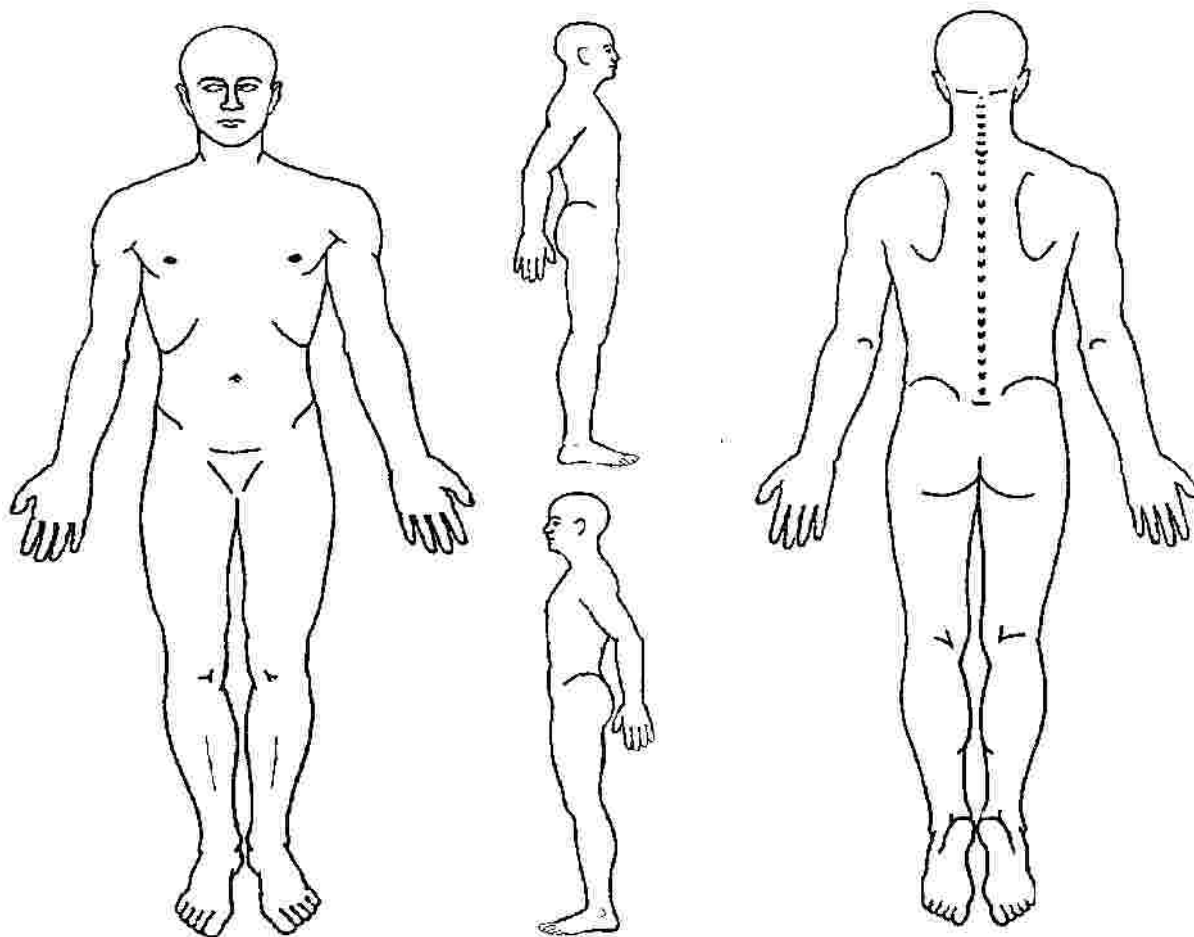


THE NECK DISABILITY INDEX QUESTIONNAIRE

NAME _____ DATE _____

How long have you had **NECK** pain _____ years _____ months _____ weeks

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.



A = ACHE
P = PINS & NEEDLES

B = BURNING
S = STABBING

N = NUMBNESS
O = OTHER

Over ®

Please Read: This questionnaire is designed to enable us to understand how much your **NECK** pain has affected your ability to manage everyday activities. Please answer each Section by circling 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 circle one choice which closely describes your problem *right now*.**

SECTION 1—Pain Intensity

- a. I have no pain at the moment
- b. The pain is mild at the moment.
- c. The pain comes and goes and is moderate.
- d. The pain is moderate and does not vary much.
- e. The pain is severe but comes and goes.
- f. The pain is severe and does not vary much.

SECTION 2—Personal Care (Washing, Dressing etc.)

- a. I can look after myself without causing extra pain.
- b. I can look after myself normally but it causes extra pain.
- c. It is painful to look after myself and I am slow and careful.
- d. I need some help, but manage most of my personal care.
- e. I need help every day in most aspects of self-care.
- f. I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3—Lifting

- a. I can lift heavy weights without extra pain.
- b. I can lift heavy weights, but it causes extra pain.
- c. Pain prevents me from lifting heavy weights off the floor but I can lift them if they are conveniently positioned, for example, on a table.
- d. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- e. I can lift very light weights.
- f. I cannot lift or carry anything at all.

SECTION 4 – Reading

- a. I can read as much as I want to with no pain in my neck.
- b. I can read as much as I want to with slight neck pain.
- c. I can read as much as I want with moderate neck pain.
- d. I cannot read as much as I want because of moderate neck pain.
- e. I cannot read as much as I want because of severe neck pain.
- f. I cannot read at all.

SECTION 5 – Headaches

- a. I have no headaches at all.
- b. I have slight headaches which come infrequently.
- c. I have moderate headaches which come infrequently.
- d. I have moderate headaches which come frequently.
- e. I have severe headaches which come frequently.
- f. I have headaches almost all the time.

SECTION 6 – Concentration

- a. I can concentrate fully when I want to with no difficulty.
- b. I can concentrate fully when I want to with slight difficulty.
- c. I have a fair degree of difficulty in concentrating when I want to.
- d. I have a lot of difficulty concentrating when I want to.
- e. I have a great deal of difficulty concentrating when I want to.
- f. I cannot concentrate at all.

SECTION 7 – Work

- a. I can do as much work as I want to.
- b. I can do my usual work, but no more.
- c. I can do most of my usual work, but no more.
- d. I cannot do my usual work.
- e. I can hardly do any work at all.
- f. I cannot do any work at all.

SECTION 8 – Driving

- a. I can drive my car without neck pain.
- b. I can drive my car as long as I want with slight neck pain.
- c. I can drive my car as long as I want with moderate neck pain.
- d. I cannot drive my car as long as I want because of moderate neck pain.
- e. I can hardly drive my car at all because of severe neck pain.
- f. I cannot drive my car at all.

SECTION 9 – Sleeping

- a. I have no trouble sleeping
- b. My sleep is slightly disturbed (less than 1 hour sleepless)
- c. My sleep is mildly disturbed (1-2 hours sleepless)
- d. My sleep is moderately disturbed (2-3 hours sleepless)
- e. My sleep is greatly disturbed (3-5 hours sleepless)
- f. My sleep is completely disturbed (5-7 hours sleepless)

SECTION 10 - Recreation

- a. I am able to engage in all recreational activities with no neck pain.
- b. I am able to engage in all recreational activities with some neck pain.
- c. I am able to engage in most, but not all recreational activities because of neck pain.
- d. I am able to engage in few of my usual recreational activities because of neck pain.
- e. I can hardly do any recreational activities because of neck pain.
- f. I cannot do any recreational activities at all.

Signature _____ Date _____

Disability index score: % _____