

# Neck Pain Disability Index

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_ SCORE \_\_\_\_\_

**PLEASE READ:** Could you please complete this questionnaire. It is designed to give us information as to how your neck pain has affected your ability to manage in everyday activities.

Please answer **every section**. Circle **one answer** in each section that most closely describes you **today**.

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| <p>SECTION 1 - Pain Intensity</p> <p>A I have no pain at the moment.</p> <p>B The pain is very mild at the moment.</p> <p>C The pain is moderate at the moment.</p> <p>D The pain is fairly severe at the moment.</p> <p>E The pain is very severe at the moment.</p> <p>F The pain is the worst imaginable at the moment.</p>   | <p>SECTION 6 - Concentration</p> <p>A I can concentrate fully when I want to with no difficulty.</p> <p>B I can concentrate fully when I want to with slight difficulty.</p> <p>C I have a fair degree of difficulty concentrating when I want to.</p> <p>D I have a lot of difficulty in concentrating when I want to.</p> <p>E I have a great deal of difficulty concentrating when I want to.</p> <p>F I cannot concentrate at all.</p>   |
| <p>SECTION 2 - Personal Care (washing, dressing, etc)</p> <p>A I can look after myself normally without causing extra pain</p> <p>B I can look after myself normally but it is very painful.</p> <p>C It is painful to look after myself and I am slow and careful.</p> <p>D I need some help but manage most of my personal care.</p> <p>E I need help every day in most aspects of self care.</p> <p>F I do not get dressed, was with difficulty and stay in bed.</p>  | <p>SECTION 7 - Sleeping</p> <p>A My sleep is never disturbed by pain.</p> <p>B My sleep is slightly disturbed (less than 1 hour sleepless).</p> <p>C My sleep is mildly disturbed (1-2 hours sleepless).</p> <p>D My sleep is moderately disturbed (2-3 hours sleepless).</p> <p>E My sleep is greatly disturbed (3-5 hours sleepless).</p> <p>F My sleep is completely disturbed (5+ hours sleepless)..</p>   |
| <p>SECTION 3 - Lifting</p> <p>A I can lift heavy weights without extra pain.</p> <p>B I can lift heavy weights, but it causes extra pain.</p> <p>C Pain prevents me from lifting heavy weights off the floor, but I can manage if they're conveniently positioned, e.g. on a table.</p> <p>D Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they're conveniently positioned</p> <p>E I can only lift very light weights, at the most</p> <p>F I cannot lift or carry anything at all.</p> | <p>SECTION 8 - Driving</p> <p>A I can drive my car without neck pain.</p> <p>B I can drive my car as long as I want with slight pain in my neck.</p> <p>C I can drive my car as long as I want with moderate pain in my neck.</p> <p>D I cannot drive my car as long as I want because of moderate pain in my neck.</p> <p>E I can hardly drive at all because of severe pain in my neck.</p> <p>F I cannot drive my car at all.</p>   |
| <p>SECTION 4 - Reading</p> <p>A I can read as much as I want to with no pain in my neck.</p> <p>B I can read as much as I want to with slight pain in my neck.</p> <p>C I can read as much as I want to with moderate pain in my neck.</p> <p>D I cannot read as much as I want because of moderate pain in my neck.</p> <p>E I cannot read as much as I want because of severe pain in my neck.</p> <p>F I cannot read at all.</p>  | <p>SECTION 9 - Recreation</p> <p>A I am able to engage in all of my recreational activities with no neck pain at all.</p> <p>B I am able to engage in all of my recreational activities with some pain in my neck.</p> <p>C I am able to engage in most, but not all of my recreational activities because of pain in my neck.</p> <p>D I am able to engage in a few of my recreational activities because of pain in my neck.</p> <p>E I can hardly do any recreational activities because of neck pain.</p> <p>F I cannot do any recreational activities at all.</p> |
| <p>SECTION 5 - Work</p> <p>A I can do as much work as I want to.</p> <p>B I can only do my usual work, but no more.</p> <p>C I can do most of my usual work, but no more.</p> <p>D I cannot do my usual work.</p> <p>E I can hardly do any work at all.</p> <p>F I cannot do any work at all.</p>  | <p>SECTION 10 - Headaches</p> <p>A I have no headaches at all.</p> <p>B I have slight headaches which come infrequently.</p> <p>C I have moderate headaches which come infrequently.</p> <p>D I have moderate headaches which come frequently.</p> <p>E I have severe headaches which come frequently.</p> <p>F I have headaches almost all of the time.</p>   |