

Neck Disability Index

Patient Name: _____

Date: _____

1. Pain Intensity

<input type="checkbox"/> I have no pain at the moment	+0
<input type="checkbox"/> The pain is very mild at the moment	+1
<input type="checkbox"/> The pain is moderate at the moment	+2
<input type="checkbox"/> The pain is fairly severe at the moment	+3
<input type="checkbox"/> The pain is very severe at the moment	+4
<input type="checkbox"/> The pain is the worst imaginable at the moment	+5

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

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

3. Lifting

<input type="checkbox"/> I can lift heavy weights without extra pain	+0
<input type="checkbox"/> I can lift heavy weights but it gives extra pain	+1
<input type="checkbox"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table	+2
<input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned	+3
<input type="checkbox"/> I can only lift very light weights	+4
<input type="checkbox"/> I cannot lift or carry anything	+5

4. Reading

<input type="checkbox"/> I can read as much as I want to with no pain in my neck	+0
<input type="checkbox"/> I can read as much as I want to with slight pain in my neck	+1
<input type="checkbox"/> I can read as much as I want with moderate pain in my neck	+2
<input type="checkbox"/> I can't read as much as I want because of moderate pain in my neck	+3
<input type="checkbox"/> I can't hardly read at all because of severe pain in my neck	+4
<input type="checkbox"/> I cannot read at all	+5

5. Headaches

<input type="checkbox"/> I have no headaches at all	+0
<input type="checkbox"/> I have slight headaches, which come infrequently	+1
<input type="checkbox"/> I have moderate headaches, which come infrequently	+2
<input type="checkbox"/> I have moderate headaches, which come frequently	+3
<input type="checkbox"/> I have severe headaches, which come frequently	+4
<input type="checkbox"/> I have headaches almost all the time	+5

6. Concentration

<input type="checkbox"/> I can concentrate fully when I want to with no difficulty	+0
<input type="checkbox"/> I can concentrate fully when I want to with slight difficulty	+1
<input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to	+2
<input type="checkbox"/> I have a lot of difficulty in concentrating when I want to	+3
<input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to	+4
<input type="checkbox"/> I cannot concentrate at all	+5

7. Work

<input type="checkbox"/> I can do as much work as I want to	+0
<input type="checkbox"/> I can only do my usual work, but no more	+1
<input type="checkbox"/> I can do most of my usual work, but no more	+2
<input type="checkbox"/> I can't do my usual work	+3
<input type="checkbox"/> I can hardly do any work at all	+4
<input type="checkbox"/> I can't do any work at all	+5

8. Driving

<input type="checkbox"/> I can drive my car without any neck pain	+0
<input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck	+1
<input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck	+2
<input type="checkbox"/> I can't drive my car as long as I want because of moderate pain in my neck	+3
<input type="checkbox"/> I can hardly drive at all because of severe pain in my neck	+4
<input type="checkbox"/> I can't drive my car at all	+5

9. Sleeping

<input type="checkbox"/> I have no trouble sleeping	+0
<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr sleepless)	+1
<input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless)	+2
<input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless)	+3
<input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless)	+4
<input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless)	+5

10. Recreation

<input type="checkbox"/> I am able to engage in all recreational activities with no neck pain at all	+0
<input type="checkbox"/> I am able to engage in all my recreational activities, with some pain in my neck	+1
<input type="checkbox"/> I am able to engage in most, but not all of my usual recreational activities because of pain in my neck	+2
<input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of pain in my neck	+3
<input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck	+4
<input type="checkbox"/> I can't do any recreational activities at all	+5

Total Score:

Raw Score: Summation of Points

Raw Score: _____ Points

Percentage Score: $\frac{\text{Raw Score}}{\# \text{ Completed Questions } * 5}$

Percentage Score: _____ %

SIGNATURE _____

DATE _____