

NECK DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY- LIFE ACTIVITIITES. PLEASE MARK IN EACH SECION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECION RELATE TO YOU, PLEASE MARK THE BOS THAT **MOST CLOSLEY** DESCRIBES YOUR PRESENT- DAY SITUATION.

<p align="center"><u>SECTION 1- PAIN INTENSITIY</u></p> <p><input type="checkbox"/> I have no pain at the moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> the pain is fairly severe at the moment.</p> <p><input type="checkbox"/> The pain is very severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at this moment.</p>	<p align="center"><u>SECTION 6 – CONCENTRATION</u></p> <p><input type="checkbox"/> I can concentrate fully without difficulty.</p> <p><input type="checkbox"/> I can concrete fully with slight difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty concentrating.</p> <p><input type="checkbox"/> I have a lot of difficulty concentrating.</p> <p><input type="checkbox"/> I have a great deal of difficulty concentrating.</p> <p><input type="checkbox"/> I can’t concentrate at all.</p>
<p align="center"><u>SECTION 2 – PERSONAL CARE</u></p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally, but it causes extra pain</p> <p><input type="checkbox"/> It is painful to look after myself, and I am slow and careful.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help every day in most aspects of self-care.</p> <p><input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.</p>	<p align="center"><u>SECTION 7 – SLEEPING</u></p> <p><input type="checkbox"/> I have no trouble sleeping</p> <p><input type="checkbox"/> My sleep is slightly disturbed for less than 1 hour.</p> <p><input type="checkbox"/> My sleep is mildly disturbed for up to 1-2 hours.</p> <p><input type="checkbox"/> My sleep is moderately disturbed for up to 2-3 hours.</p> <p><input type="checkbox"/> My sleep is greatly disturbed for up to 3-5 hours.</p> <p><input type="checkbox"/> My sleep is completely disturbed for up to 5-7 hours.</p>
<p align="center"><u>SECTION 3 – LIFTING</u></p> <p><input type="checkbox"/> I can lift heavy weights without causing extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights, but it gives me extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, i.e. on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can lift only very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all</p>	<p align="center"><u>SECTION 8 – DRIVING</u></p> <p><input type="checkbox"/> I can drive my car without neck pain.</p> <p><input type="checkbox"/> I can drive as long as I want with slight neck pain.</p> <p><input type="checkbox"/> I can drive as long as I want with moderate neck pain.</p> <p><input type="checkbox"/> I can’t drive as long as I want because of moderate neck pain.</p> <p><input type="checkbox"/> I can hardly drive at all because of severe neck pain.</p> <p><input type="checkbox"/> I can’t drive my car at all because of neck pain.</p>
<p align="center"><u>SECTION 4 – WORK</u></p> <p><input type="checkbox"/> I can do as much work as I want.</p> <p><input type="checkbox"/> I can only do my usual work, but no more.</p> <p><input type="checkbox"/> I can do most of my usual work, but no more.</p> <p><input type="checkbox"/> I can’t do my usual work.</p> <p><input type="checkbox"/> I can hardly do any work at all</p> <p><input type="checkbox"/> I can’t do any work at all.</p>	<p align="center"><u>SECTION 9 – READING</u></p> <p><input type="checkbox"/> I can read as much as I want with no neck pain.</p> <p><input type="checkbox"/> I can read as much as I want with slight neck pain.</p> <p><input type="checkbox"/> I can read as much as I want with moderate neck pain.</p> <p><input type="checkbox"/> I can’t read as much as I want because of moderate neck pain.</p> <p><input type="checkbox"/> I can’t read as much as I want because of severe neck pain.</p> <p><input type="checkbox"/> I can’t read at all.</p>
<p align="center"><u>SECTION 5 – HEADACHES</u></p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches that come frequently.</p> <p><input type="checkbox"/> I have severe headaches that come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p align="center"><u>SECTION 10 – RECREATION</u></p> <p><input type="checkbox"/> I have no neck pain during all recreation activities.</p> <p><input type="checkbox"/> I have some neck pain with all recreation activities.</p> <p><input type="checkbox"/> I have some neck pain with a few recreational activities.</p> <p><input type="checkbox"/> I have neck pain with most recreational activities.</p> <p><input type="checkbox"/> I can hardly do recreational activities due to neck pain.</p> <p><input type="checkbox"/> I can’t do any recreational activities due to neck pain.</p>

Patient Name: _____

Date: _____

Score: _____ [50]

Benchmark -5= _____

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