

## NECK DISABILITY INDEX

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete the following only if you have neck pain*

Instructions: Please circle the one choice which closely describes your problem right now.

### **PAIN INTENSITY**

0. I have no pain at the moment.
1. The pain is mild at the moment.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain is severe but comes and goes.
5. The pain is severe and does not vary much.

### **PERSONAL CARE (Washing, Dressing etc.)**

0. I can look after myself without causing extra pain.
1. I can look after myself normally but it causes pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help but 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.

### **LIFTING**

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights, but it causes extra pain.
2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, such as on a table.
3. 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.

### **READING**

0. I can read as much as I want to with no pain in my neck.
1. I can read as much as I want with slight pain in my neck.
2. I can read as much as I want with moderate pain in my neck.
3. I cannot read as much as I want because of moderate pain in my neck.
4. I cannot read as much as I want because of severe pain in my neck.
5. I cannot read at all because of neck pain.

### **HEADACHE**

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

**DRIVING**

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

**SLEEPING**

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

**RECREATION**

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