

NECK DISABILITY INDEX

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday -life activities. Please mark in each section the **ONE BOX** that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that **most closely** describes your present -day situation.

SECTION 1 - PAIN INTENSITY

- **I** have no pain at the moment.
- **D** The pain is very mild at the moment.
- The pain is moderate at the moment.
- □ The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- **□** The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

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

SECTION 3 - LIFTING

- **I** can lift heavy weights without causing extra pain.
- **I** can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- **I** can lift only very light weights.
- **I** cannot lift or carry anything at all.

SECTION 4 - WORK

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- □ I can't do my usual work.
- □ I can hardly do any work at all.
- □ I can't do any work at all.

SECTION 5 - HEADACHES

- □ I have no headaches at all.
- **I** have slight headaches that come infrequently.
- **I** have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- **I** have severe headaches that come frequently.
- I have headaches almost all the time.

PATIENT NAME

SCORE _____ [50]

SECTION 6 - CONCENTRATION

- **I** can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- **I** have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I can't concentrate at all.

SECTION 7 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed for less than 1 hour.
- My sleep is mildly disturbed for up to 1-2 hours.
- My sleep is moderately disturbed for up to 2-3 hours.
- □ My sleep is greatly disturbed for up to 3-5 hours.
- My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 - DRIVING

- **I** can drive my car without neck pain.
- □ I can drive as long as I want with slight neck pain.
- □ I can drive as long as I want with moderate neck pain.
- □ I can't drive as long as I want because of moderate neck pain.
- **I** can hardly drive at all because of severe neck pain.
- □ I can't drive my care at all because of neck pain.

SECTION 9 - READING

- **I** can read as much as I want with no neck pain.
- **I** can read as much as I want with slight neck pain.
- □ I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I can't read at all.

SECTION 10 - RECREATION

- **I** have no neck pain during all recreational activities.
- **I** have some neck pain with all recreational activities.
- **I** have some neck pain with a few recreational activities.
- I have neck pain with most recreational activities.
- **I** can hardly do recreational activities due to neck pain.
- **I** can't do any recreational activities due to neck pain.

DATE ______ BENCHMARK -5 = ____

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