Name_____ Date_____ Patient # _____

Neck Disability Index

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by "checking" the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please **just check the one choice which closely describes your problem *right now*.**

Section 1 - Pain intensity

O I have no pain at the moment.
O The pain is very mild at the moment.
O The pain is moderate at the moment.
O The pain is fairly severe at the moment.
O The pain is very severe at the moment.
O The pain is the worst imaginable at the moment.

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

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

Section 3 - Lifting

O I can lift heavy weights without extra pain.
O I can lift heavy weights but it causes extra pain.
O Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
O Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
O I can lift only very light weights.
O I cannot lift or carry anything at all.

Section 4 - Reading

O I can read as much as I want to with no pain in my neck.
O I can read as much as I want to with slight pain in my neck.
O I can read as much as I want with moderate pain in my neck.
O I cannot read as much as I want because of moderate pain in my neck.
O I can hardly read at all because of severe pain in my neck.
O I cannot read at all.

Section 5 - Headaches

O I have no headaches at all.
O I have slight headaches which come infrequently.
O I have moderate headaches which come infrequently.
O I have moderate headaches which come frequently.
O I have severe headaches which come frequently.
O I have headaches almost all the time.

Section 6 - Concentration

- O I can concentrate fully when I want to with no difficulty.
- O I can concentrate fully when I want to with slight difficulty.
- O I have a fair degree of difficulty in concentrating when I want to.
- O I have a lot of difficulty in concentrating when I want to.
- O I have a great deal of difficulty in concentrating when I want to.
- O I cannot concentrate at all.

Section 7 - Work

- O I can do as much as I want to.
- O I can only do my usual work, but no more.
- O I can do most of my usual work, but no more.
- O I cannot do my usual work.
- O I can hardly do any work at all.
- O I cannot do any work at all.

Section 8 - Driving

- O I can drive my car without any neck pain.
- O I can drive my car as long as I want with slight neck pain.
- O I can drive my car as long as I want with moderate neck pain.
- O I cannot drive my car as long as I want because of neck pain.
- O I can hardly drive at all because of severe neck pain.
- O I cannot drive my car at all.

Section 9 - Sleeping

- O I have no trouble sleeping.
- O My sleep is slightly disturbed (less than 1 hour of sleep loss).
- O My sleep is mildly disturbed (1-2 hours of sleep loss).
- O My sleep is moderately disturbed (2-3 hours of sleep loss).
- O My sleep is greatly disturbed (3-5 hours of sleep loss).
- O My sleep is completely disturbed (5-7 hours of sleep loss).

Section 10 - Recreation

- O I am able to engage in all my recreation activities with no neck pain.
- O I am able to engage in all my recreation activities, with some neck pain.
- O I am able to engage in most, but not all of my usual recreation activities because of neck pain.
- O I am able to engage in only a few of my usual recreation activities because of neck pain.
- O I can hardly do any recreation activities because of neck pain.
- O I cannot do any recreation activities at all.

Scoring instructions for the physical therapists:

Section 1 - Pain intensity

O	I have no pain at the moment.	*(A check at this level is scored as 0)*
O	The pain is very mild at the moment.	*(A check at this level is scored as 1)*
O	The pain is moderate at the moment.	*(A check at this level is scored as 2)*
O	The pain is fairly severe at the moment.	*(A check at this level is scored as 3)*
O	The pain is very severe at the moment.	*(A check at this level is scored as 4)*
O	The pain is the worst imaginable at the moment.	*(A check at this level is scored as 5)*

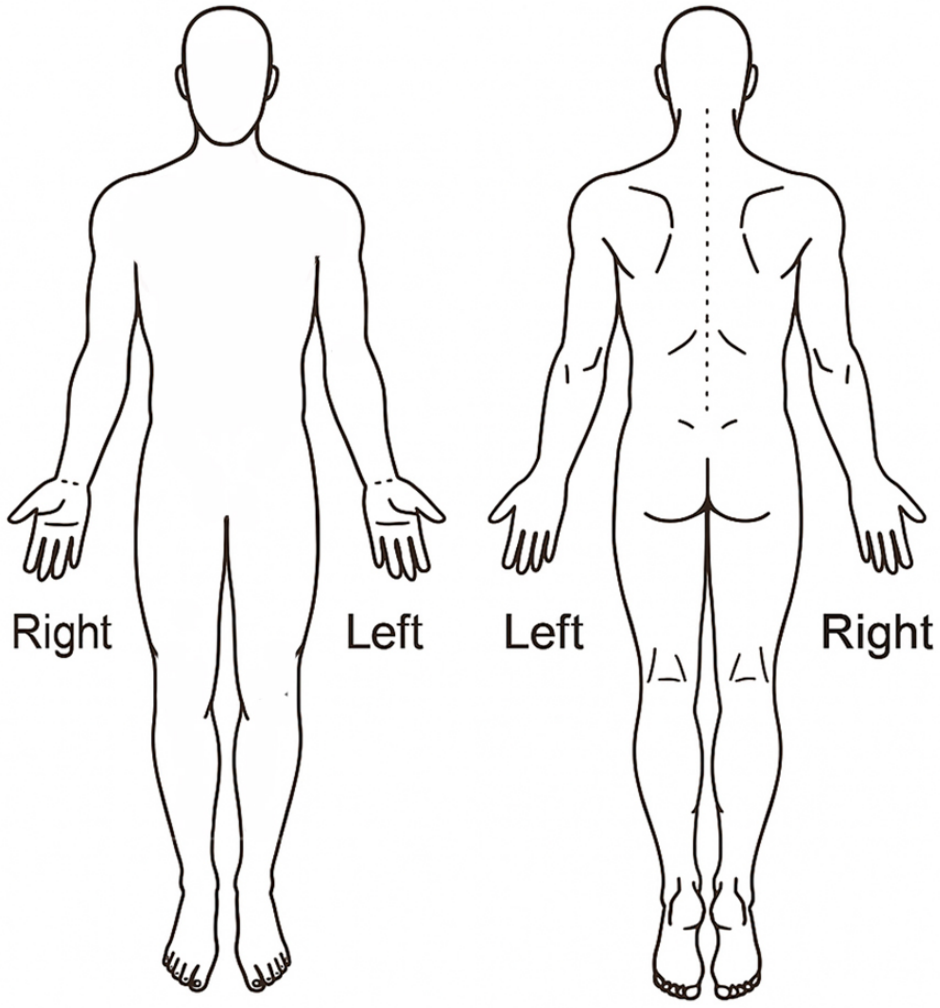
If an item in each section is filled out, add up the score from each section and double it to get the final percentage score (eg. If total points from all 10 sections was 20, double the points and the final score would be 40. This is the score you report.)

If all items are not scored, then add up the total from all of the sections that were filled out, then divide by the total number of available points (i.e. if only 8 sections were answered, then the total possible points would be 40, not 50) (eg. If total points from 8 sections was 16, then calculate: 16/40 x 100 = 40. This is the score you report)

Patient Name: _____ Date: _____ / _____ / _____

Instructions:

On the body diagram below, please indicate where your symptoms are located at the present time.



Please rate your pain on a scale from 0 (no pain) to 10 (worst pain imaginable)

present: _____ lowest: _____ highest: _____

over the past 30 days:

Please briefly describe when your symptoms began, cause (if known), what makes you better and worse, treatment received, and any goals you may have for physical therapy.

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