

Neck Disability Index Questionnaire

Name: _____ Date: _____

How long have you had neck pain? _____

Please indicate the location and type of pain by writing the appropriate letter on the diagram below:

"A" = ACHE

"B" = BURNING

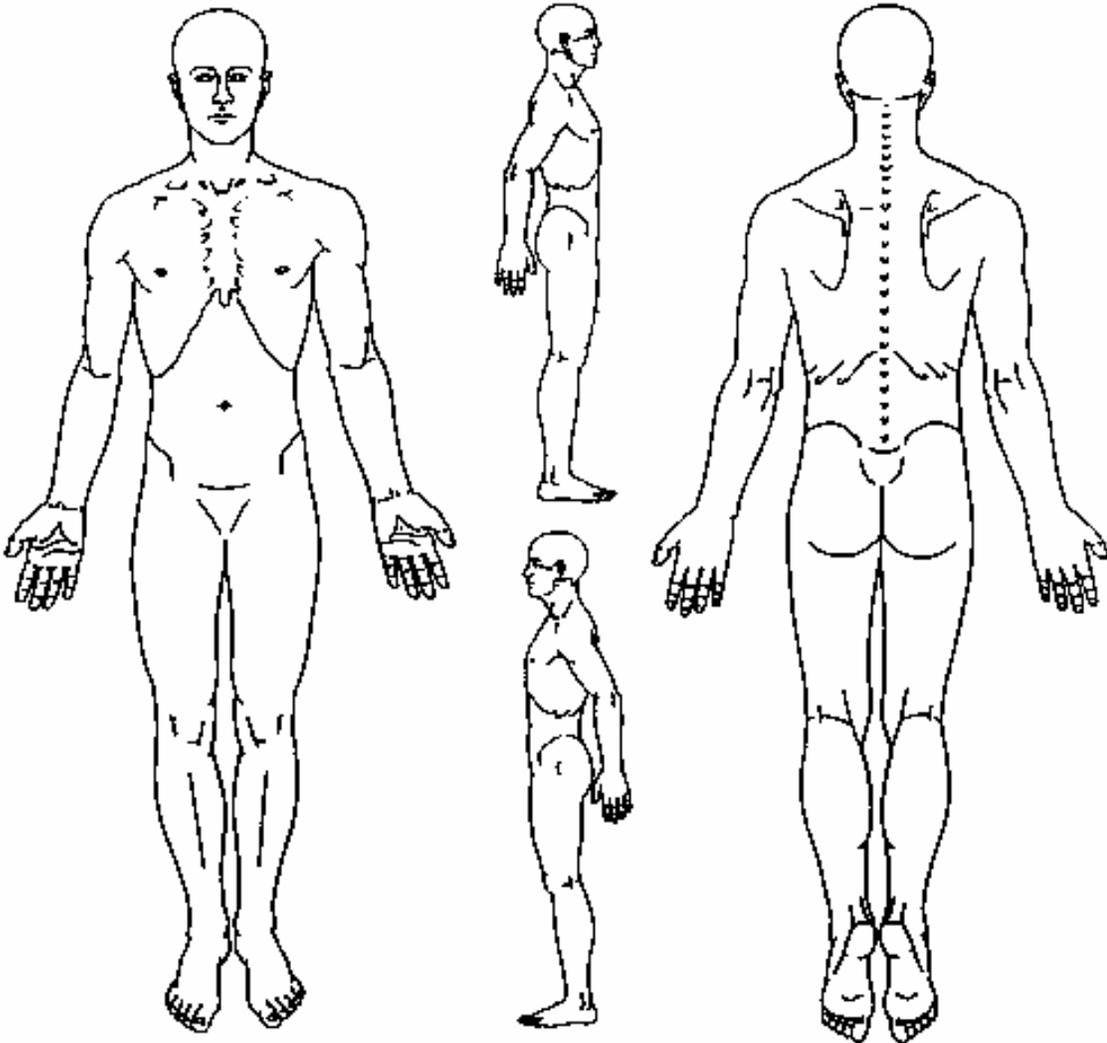
"N" = NUMBNESS

"P" = PINS & NEEDLES

"S" = STABBING

"O" = OTHER

At each location, please indicate the intensity of pain using a scale of 0 to 10, where 0 is no pain and at 10 you would go to the emergency room.



Therapist Signature: _____

Neck Disability Index Questionnaire (page 2)

Name: _____ **Date:** _____

Please read each statement and place a mark in the **one** box that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but **please mark only the box that most closely describes your current condition.**

Pain Intensity

- The pain intensity I have is very low and I do not have to use pain medication.
- The pain is bad, but I manage without having to take pain medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication provides has no effect on my pain.

Personal Care (Washing, Dressing)

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally, but it increases my pain.
- It is painful to take care of myself, and I am slow and careful.
- I need help, but I am able to manage most of my personal care.
- I need help everyday in most aspects of my care.
- I do not get dressed, wash with difficulty, and stay in bed.

Lifting

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

Reading

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

Headache

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

Therapist Signature: _____

Neck Disability Index Questionnaire (page 3)

Name: _____ **Date:** _____

Concentration

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

Work

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

Driving

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

Sleeping

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

Recreation

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

Percent Disability: _____

Therapist Signature: _____