

**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.  
DO NOT SKIP ANY QUESTIONS.

<p style="text-align: center;"><b><u>SECTION 1- PAIN INTENSITY</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I have no pain at the moment.</li><li><input type="checkbox"/> The pain is very mild at the moment.</li><li><input type="checkbox"/> The pain is moderate at the moment.</li><li><input type="checkbox"/> The pain is fairly severe at the moment.</li><li><input type="checkbox"/> The pain is very severe at the moment.</li><li><input type="checkbox"/> The pain is the worst imaginable at the moment.</li></ul>	<p style="text-align: center;"><b><u>SECTION 6- CONCENTRATION</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can concentrate fully without difficulty.</li><li><input type="checkbox"/> I can concentrate fully with slight difficulty.</li><li><input type="checkbox"/> I have a fair degree of difficulty concentrating</li><li><input type="checkbox"/> I have a lot of difficulty concentrating.</li><li><input type="checkbox"/> I have a great deal of difficulty concentrating.</li><li><input type="checkbox"/> I can't concentrate at all.</li></ul>
<p style="text-align: center;"><b><u>SECTION 2- PERSONAL CARE</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can look after myself normally without causing extra pain.</li><li><input type="checkbox"/> I can look after myself normally, but it causes extra pain.</li><li><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</li><li><input type="checkbox"/> I need some help but manage most of my personal care.</li><li><input type="checkbox"/> I need help in most aspects of self-care.</li><li><input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.</li></ul>	<p style="text-align: center;"><b><u>SECTION 7- WORK</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can do as much work as I want.</li><li><input type="checkbox"/> I can only do my usual work, but no more.</li><li><input type="checkbox"/> I can do most of my usual work, but no more.</li><li><input type="checkbox"/> I can't do my usual work.</li><li><input type="checkbox"/> I can hardly do any work at all.</li><li><input type="checkbox"/> I can't do any work at all.</li></ul>
<p style="text-align: center;"><b><u>SECTION 3- LIFTING</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can lift heavy weights without causing extra pain.</li><li><input type="checkbox"/> I can lift heavy weights, but it gives me extra pain.</li><li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if the items are conveniently positioned, ie. On the table.</li><li><input type="checkbox"/> Pain prevents me from lifting heavy weight, but I can manage light weights if they are conveniently positioned.</li><li><input type="checkbox"/> I can lift only very light weights.</li><li><input type="checkbox"/> I cannot lift or carry anything at all</li></ul>	<p style="text-align: center;"><b><u>SECTION 8- DRIVING</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can drive my car without neck pain.</li><li><input type="checkbox"/> I can drive as long as I want with slight neck pain.</li><li><input type="checkbox"/> I can drive as long as I want with moderate neck pain.</li><li><input type="checkbox"/> I can't drive as long as I want because of moderate neck pain.</li><li><input type="checkbox"/> I can hardly drive at all because of severe neck pain.</li><li><input type="checkbox"/> I can't drive my car at all because of neck pain.</li></ul>
<p style="text-align: center;"><b><u>SECTION 4- READING</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I can read as much as I want with no neck pain.</li><li><input type="checkbox"/> I can read as much as I want with slight neck pain.</li><li><input type="checkbox"/> I can read as much as I want with moderate neck pain.</li><li><input type="checkbox"/> I can't read as much as I want because of moderate neck pain.</li><li><input type="checkbox"/> I can't read as much as I want because of severe neck pain.</li><li><input type="checkbox"/> I can't read at all.</li></ul>	<p style="text-align: center;"><b><u>SECTION 9- SLEEPING</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I have no trouble sleeping at all.</li><li><input type="checkbox"/> My sleep is slightly disturbed for less than hour.</li><li><input type="checkbox"/> My sleep is mildly disturbed for up to 1-2 hrs</li><li><input type="checkbox"/> My sleep is moderately disturbed for up to 2-3 hrs.</li><li><input type="checkbox"/> My sleep is greatly disturbed for up to 3-5 hrs.</li><li><input type="checkbox"/> My sleep is completely disturbed for up to 5-7 hrs.</li></ul>
<p style="text-align: center;"><b><u>SECTION 5- HEADACHES</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I have no headaches at all.</li><li><input type="checkbox"/> I have slight headaches that come infrequently.</li><li><input type="checkbox"/> I have moderate headaches that come infrequently.</li><li><input type="checkbox"/> I have moderate headaches that com frequently.</li><li><input type="checkbox"/> I have severe headaches that come frequently.</li><li><input type="checkbox"/> I have headaches almost all the time.</li></ul>	<p style="text-align: center;"><b><u>SECTION 10- RECREATION</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I have no neck pain during recreational activities.</li><li><input type="checkbox"/> I have some neck pain with few recreational activities.</li><li><input type="checkbox"/> I have some neck pain with most recreational activities.</li><li><input type="checkbox"/> I have neck pain with all recreational activities.</li><li><input type="checkbox"/> I can hardly do recreational activities due to neck pain.</li><li><input type="checkbox"/> I can't do any recreational activities due to neck pain.</li></ul>

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