

Neck Disability Index



Name: _____ Date: _____

This questionnaire has been designed to give your health professional information as to how your neck pain has affected your ability to manage in everyday life¹. Please answer every section and mark only the ONE box in each section which applies to you. We realise you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1 – Pain intensity	<input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment.
Section 2 – Personal care (washing, dressing etc.)	<input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of my self care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.
Section 3 – Lifting	<input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all.
Section 4 – Reading	<input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want to with moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. <input type="checkbox"/> I cannot read at all.
Section 5 – Headaches	<input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches, which come infrequently. <input type="checkbox"/> I have moderate headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time.

¹ Vernon, H. and S. Mior, *The Neck Disability Index: a study of reliability and validity*. J Manipulative Physiol Ther, 1991. 14(7): p. 409-15. Fairbank, J., et al., *The Oswestry low back pain disability questionnaire*. Physiotherapy, 1980. 66(8): p. 271-273.

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Section 6 – Concentration	<ul style="list-style-type: none"><input type="checkbox"/> I can concentrate fully when I want to with no difficulty.<input type="checkbox"/> I can concentrate fully when I want to with slight difficulty.<input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to.<input type="checkbox"/> I have a lot of difficulty in concentrating when I want to.<input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to.<input type="checkbox"/> I cannot concentrate at all.
Section 7 – Work	<ul style="list-style-type: none"><input type="checkbox"/> I can do as much work as I want to.<input type="checkbox"/> I can only do my usual work, but no more.<input type="checkbox"/> I can do most of my usual work, but no more.<input type="checkbox"/> I cannot do my usual work.<input type="checkbox"/> I can hardly do any work at all.<input type="checkbox"/> I cannot do any work at all.
Section 8 – Driving	<ul style="list-style-type: none"><input type="checkbox"/> I can drive my car without any neck pain.<input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck.<input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck.<input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck.<input type="checkbox"/> I can hardly drive at all because of severe pain in my neck.<input type="checkbox"/> I cannot drive my car at all.
Section 9 – Sleeping	<ul style="list-style-type: none"><input type="checkbox"/> I have no trouble sleeping.<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr sleepless).<input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless).<input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless).<input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless).<input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless).
Section 10 – Recreation	<ul style="list-style-type: none"><input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all.<input type="checkbox"/> I am able to engage in all my recreation activities, with some pain in my neck.<input type="checkbox"/> I am able to engage in most, but not all, of my usual recreational activities because of pain in my neck.<input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of pain in my neck.<input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck.<input type="checkbox"/> I cannot do any recreation activities at all.

Total score: ____ /50