

NECK DISABILITY INDEX

Name: _____

Date: _____

File: _____

This questionnaire helps us to understand how much your **neck discomfort** has affected your ability to perform everyday activities. Please check one box in each section that most clearly describes your current level of difficulty.

<p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no discomfort at the moment. <input type="checkbox"/> The discomfort is very mild at the moment. <input type="checkbox"/> The discomfort is moderate at the moment. <input type="checkbox"/> The discomfort is fairly severe at the moment. <input type="checkbox"/> The discomfort is very severe at the moment. <input type="checkbox"/> The discomfort is the worst imaginable at the moment. 	<p>Section 6 – Work Related Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am able to perform my work without limitations. <input type="checkbox"/> I am able to perform my usual work, but no more. <input type="checkbox"/> I am able to perform most of my usual work. <input type="checkbox"/> I cannot perform my usual work. <input type="checkbox"/> I can hardly perform any work. <input type="checkbox"/> I cannot perform any of my work.
<p>Section 2 – Personal Care (washing, dressing, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself without experiencing increased discomfort. <input type="checkbox"/> I can look after myself but I experienced increased discomfort. <input type="checkbox"/> It is uncomfortable to look after myself, so I am cautious. <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 self-care. <input type="checkbox"/> I am unable to wash or dress myself without help. 	<p>Section 7 – Concentration</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can concentrate fully with no difficulty. <input type="checkbox"/> I can concentrate when I want with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty concentrating. <input type="checkbox"/> I have a moderate degree of difficulty concentrating. <input type="checkbox"/> I have a great deal of difficulty concentrating. <input type="checkbox"/> I cannot concentrate at all.
<p>Section 3 – Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy objects without increased discomfort. <input type="checkbox"/> I can lift heavy objects but it causes increased discomfort. <input type="checkbox"/> I cannot lift heavy objects off the floor because of my discomfort. <input type="checkbox"/> I can only lift objects off the floor if they are conveniently positioned because of my discomfort. <input type="checkbox"/> I can only manage medium to light objects if they are conveniently positioned. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>Section 8 – Driving</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can drive my car without any discomfort. <input type="checkbox"/> I can drive as long as I want with slight discomfort. <input type="checkbox"/> I can drive as long as I want with moderate discomfort. <input type="checkbox"/> I cannot drive as long as I want due to moderate discomfort. <input type="checkbox"/> I can hardly drive at all due to severe discomfort. <input type="checkbox"/> I cannot drive at all.
<p>Section 4 – Reading</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can read as much as I want with no discomfort. <input type="checkbox"/> I can read as much as I want to with slight discomfort. <input type="checkbox"/> I can read as much as I want with moderate discomfort. <input type="checkbox"/> I cannot read as much as I want due to moderate discomfort. <input type="checkbox"/> I can hardly read at all due to severe discomfort. <input type="checkbox"/> I can't read at all due to discomfort. 	<p>Section 9 – Sleeping</p> <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 hour). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleepless).
<p>Section 5 – Headaches</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches that come infrequently. <input type="checkbox"/> I have moderate/severe headaches that come infrequently. <input type="checkbox"/> I have moderate headaches that come frequently. <input type="checkbox"/> I have severe headaches that come frequently. <input type="checkbox"/> I have headaches almost all the time. 	<p>Section 10 – Recreation</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can engage in all of my daily activities. <input type="checkbox"/> I can engage in my daily activities but experience some discomfort. <input type="checkbox"/> I can engage in most, but not all daily activities. <input type="checkbox"/> I can engage in a few of my daily activities. <input type="checkbox"/> I can hardly do any activities due to neck discomfort. <input type="checkbox"/> I cannot do any daily activities at all.

Score: _____