**The Neck Disability Index**

Please rate the severity of your pain by circling a number below:

No Pain Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ File #: \_\_\_\_\_\_\_\_\_\_

Instructions: please circle the **ONE NUMBER** in each section which most closely describes your problem

**Section One – Pain Intensity**

0- I have no pain at the moment

1- The pain is very mild at the moment

2- The pain is moderate at the moment

3- The pain is fairly severe at the moment

4- The pain is very severe at the moment

5- The pain is the worst imaginable at the moment

**Section Two – Personal Care**

0- I can look after myself without extra pain

1- I can look after myself, but with extra pain

2- It is painful to look after myself

3- I need some help, but manage most personal care

4- I need help every day in most aspects of care

5- I don’t get dressed, wash w/ difficulty & stay in bed

**Section Three – Lifting**

0- I can lift heavy weights without extra pain

1- I can lift heavy weights, but with extra pain

2- Pain prevents me from lifting heavy weights off the floor, but I can manage if conveniently positioned

3- Pain prevents me lifting weights off the floor but I can manage med. weights if conveniently positioned

4- I can lift very light weights

5- I cannot lift anything at all

**Section Four – Reading**

0- I can read as much as I want with no pain

1- I can read as much as I want to with slight pain

2- I can read as much as I want with moderate pain

3- I can’t read as much as I want due to moderate pain

4- I can hardly read due to severe pain in my neck

5- I cannot read at all

**Section Five – Headaches**

0- I have no headaches at all

1- I have slight headaches infrequently

2- I have moderate headaches infrequently

3- I have moderate headaches frequently

4- I have severe headaches frequently

5- I have headaches almost all the time

**Section Six – Concentration**

0- I can concentrate fully without difficulty

1- I can concentrate fully with slight difficulty

2- I have a fair degree of difficulty concentrating

3- I have a lot of difficulty concentrating when I want

4- I have great difficulty concentrating when I want to

5- I cannot concentrate at all

**Section Seven – Work**

0- I can do as much work as I want to

1- I can do my usual work, but no more

2- I can do most of my usual work, but no more

3- I cannot do my usual work

4- I can hardly do any work at all

5- I cannot do any work at all

**Section Eight – Driving**

0- I can drive without any neck pain

1- I can drive as long as I want, with slight neck pain

2- I can drive as long as I want, with moderate pain

3- I can’t drive as long due to moderate neck pain

4- I can hardly drive at all due to severe neck pain

5- I cannot drive my car at all

**Section Nine – Sleeping**

0- I have no trouble sleeping

1- My sleep is slightly disturbed ( >1 hrs sleepless)

2- My sleep is mildly disturbed (1-2 hrs sleepless)

3- My sleep is moderately disturbed (2-3 hrs sleepless)

4- My sleep is greatly disturbed (3-5 hrs sleepless)

5- My sleep is completely disturbed (5-7 hrs sleepless)

**Section Ten – Recreation**

0- I am able to engage in all activities with no pain

1- I am able to engage in all activities with some pain

2- I am unable to engage in all activities due to pain

3- I am able to angage in few activities due to pain

4- I can hardly do any activities due to neck pain

5- I cannot do any recreational activities at all

**Total: \_\_\_\_\_\_\_\_**