

Neck Disability Index

This questionnaire is designed to give us information about your neck pain and how it has affected your ability to manage every day life. Your pain is rated from 0 (no pain and functional) to 5 (severe pain and not functional). Please answer every section and select only one statement that most closely applies to you.

Section 1: Pain Intensity

0. The pain comes and goes and is very mild.
1. The pain is mild and does not vary much.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain comes and goes and is severe.
5. The pain is severe and does not vary much.

Section 2: Personal Care (Washing, Dressing, etc.)

0. I can look after myself normally.
1. I can look after myself normally, but it is painful.
2. It is painful to look after myself and I am slow and careful.
3. I need some help, but I can manage more of my personal care.
4. I need help every day in most aspects of my personal care.
5. I cannot take care of myself normally.

Section 3: Lifting

0. I can lift heavy objects without extra pain.
1. I can lift heavy objects, but it gives me extra pain.
2. Pain prevents me from lifting heavy objects.
3. Pain prevents me from lifting heavy objects, but I can manage if they are conveniently positioned, e.g. on a table.
4. I can only manage light to medium objects if they are conveniently positioned, i.e. on a table.
5. I cannot lift objects at all.

Section 4: Reading

0. I can read as much as I want with no pain in my neck.
1. I can read as much as I want with slight pain in my neck.
2. I can read as much as I want with moderate pain in my neck.
3. I cannot read as much as I want because of moderate pain in my neck.
4. I can hardly read at all because of severe pain in my neck.
5. I cannot read at all.

Section 5: 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 of the time.

Section 6: Concentration

0. I can concentrate fully when I want with no difficulty.
1. I can concentrate fully when I want with slight difficulty.
2. I have a fair degree of difficulty in concentrating when I want.
3. I have a lot of difficulty concentrating when I want.
4. I have a great deal of difficulty concentrating when I want.
5. I cannot concentrate at all.

Section 7: Sleeping

0. I have no pain in bed.
1. My sleep is occasionally disturbed by pain.
2. Because of pain, I have less than 6 hours of sleep.
3. Because of pain, I have less than 4 hours of sleep.
4. Because of pain, I have less than 2 hours of sleep.
5. Pain prevents me from sleeping at all.

Section 8: Social Life

0. My social life is normal and gives me no extra pain.
1. My social life is normal, but increases the degree of pain.
2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I have hardly any social life because of the pain.

Section 9: Driving

0. I can drive without pain.
1. I can drive as long as I want with slight pain.
2. I can drive as long as I want with moderate pain.
3. I cannot drive my car as long as I want because of moderate pain.
4. I can hardly drive at all because of severe pain.
5. I cannot drive my car at all.

Section 10: Work

0. I can do as much work as I want.
1. I can only 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.