

## Neck Pain Disability Index Questionnaire

Name (Please Print): \_\_\_\_\_ (Office Use) ACCT#: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you had neck pain? \_\_\_ years \_\_\_ months \_\_\_ weeks

Is this your first episode of neck pain? \_\_\_yes \_\_\_ no

Use the letters below to indicate the type and location of your sensations right now:

**A** = Ache

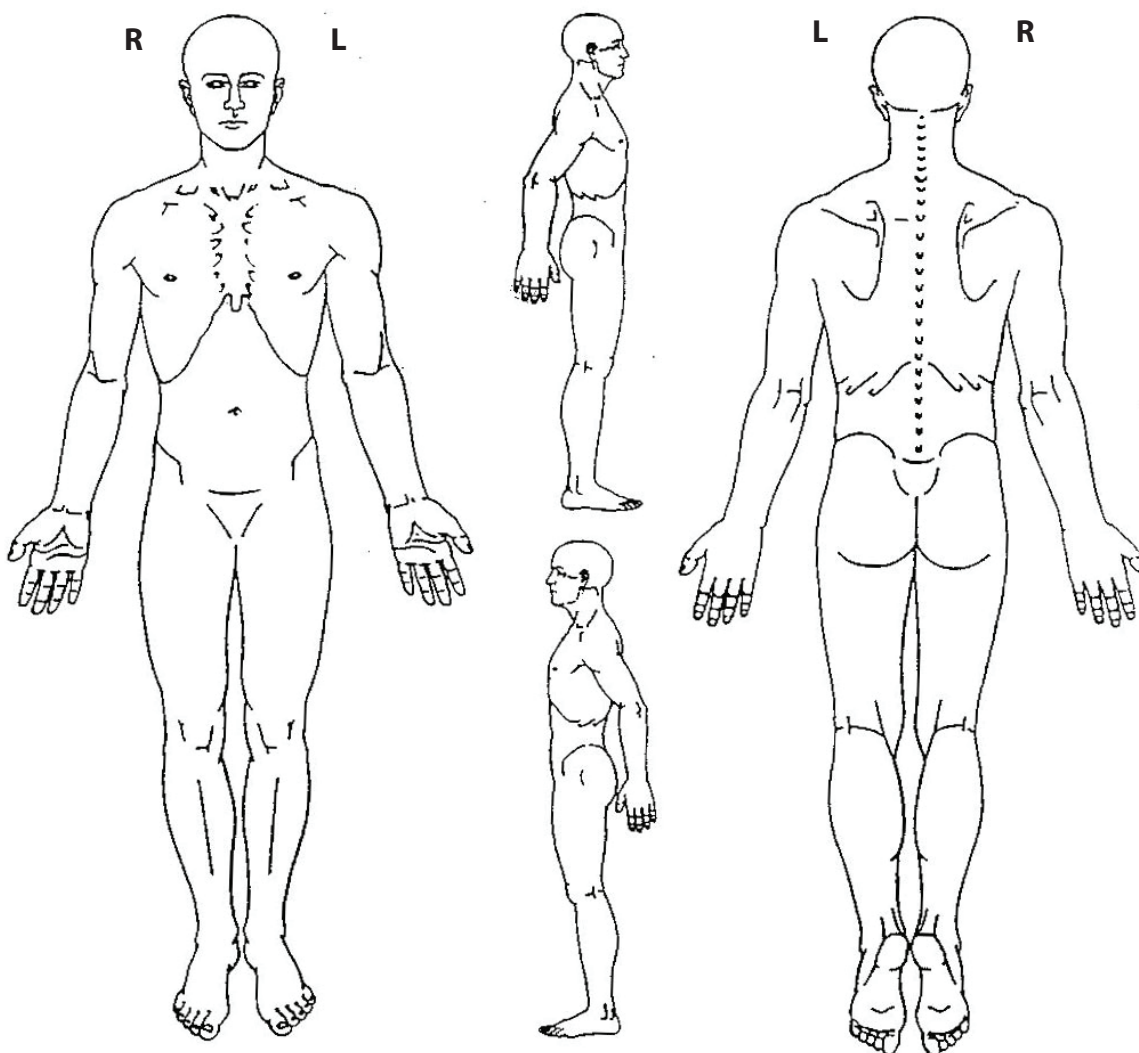
**B** = Burning

**N** = Numbness

**P** = Pins and needles

**S** = Stabbing

**O** = Other



### During the past week:

None 
▶
 Unbearable

a. Circle the average intensity of your symptoms: 0 1 2 3 4 5 6 7 8 9 10

b. How much has pain interfered with your normal work (Including both work outside the home and housework)?

Circle one: 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely

**NECK DISABILITY INDEX QUESTIONNAIRE**

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

*Important:* This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. **Please answer each section by selecting the ONE CHOICE that most applies to you.** We realize that you may feel that more than one statement may relate to you, but please just select the one choice which closely describes your problem right now.

**SECTION 1—Pain Intensity**

- A. I have no pain at the moment
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

**SECTION 2—Personal Care**

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

**SECTION 3—Lifting**

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

**SECTION 4—Reading**

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

**SECTION 5—Headache**

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

**SECTION 6—Concentration**

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

**SECTION 7—Work**

- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

**SECTION 8—Driving**

- A. I can drive my car without neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

**SECTION 9—Sleeping**

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

**SECTION 10—Recreation**

- A. I am able to engage in all recreational activities with no pain in my neck at all.
- B. I am able to engage in all recreational activities with some pain in my neck.
- C. I am able to engage in most, but not all recreational activities because of pain in my neck.
- D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_