

## NECK DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

### SECTION 1 - 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 2 - PERSONAL CARE

- 0 I can look after myself normally without causing extra pain.
- 1 I can look after myself normally, but it causes extra pain.
- 2 It is painful to look after myself, and I am slow and careful.
- 3 I need some help but manage most of my personal care.
- 4 I need help every day in most aspects of self -care.
- 5 I do not get dressed. I wash with difficulty and stay in bed.

### SECTION 3 - LIFTING

- 0 I can lift heavy weights without causing extra pain.
- 1 I can lift heavy weights, but it gives me extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- 3 Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned
- 4 I can lift only very light weights.
- 5 I cannot lift or carry anything at all.

### SECTION 4 - 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 can't do my usual work.
- 4 I can hardly do any work at all.
- 5 I can't do any work at all.

### SECTION 5 - HEADACHES

- 0 I have no headaches at all.
- 1 I have slight headaches that come infrequently.
- 2 I have moderate headaches that come infrequently.
- 3 I have moderate headaches that come frequently.
- 4 I have severe headaches that come frequently.
- 5 I have headaches almost all the time.

### SECTION 6 - 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.
- 4 I have a great deal of difficulty concentrating.
- 5 I can't concentrate at all.

### SECTION 7 - SLEEPING

- 0 I have no trouble sleeping.
- 1 My sleep is slightly disturbed for less than 1 hour.
- 2 My sleep is mildly disturbed for up to 1-2 hours.
- 3 My sleep is moderately disturbed for up to 2-3 hours.
- 4 My sleep is greatly disturbed for up to 3-5 hours.
- 5 My sleep is completely disturbed for up to 5-7 hours.

### SECTION 8 - DRIVING

- 0 I can drive my car without 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 neck pain.
- 3 I can't drive as long as I want because of moderate neck pain.
- 4 I can hardly drive at all because of severe neck pain.
- 5 I can't drive my car at all because of neck pain.

### SECTION 9 - READING

- 0 I can read as much as I want with no neck pain.
- 1 I can read as much as I want with slight neck pain.
- 2 I can read as much as I want with moderate neck pain.
- 3 I can't read as much as I want because of moderate neck pain.
- 4 I can't read as much as I want because of severe neck pain.
- 5 I can't read at all.

### SECTION 10 - RECREATION

- 0 I have no neck pain during all recreational activities.
- 1 I have some neck pain with all recreational activities.
- 2 I have some neck pain with a few recreational activities.
- 3 I have neck pain with most recreational activities.
- 4 I can hardly do recreational activities due to neck pain.
- 5 I can't do any recreational activities due to neck pain.

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

SCORE \_\_\_\_\_ [50]

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