

## NECK DISABILITY INDEX QUESTIONNAIRE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_ Date: \_\_\_\_\_

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday life activities.

Please mark the one that most closely describes your present day situation in each section.

<b>SECTION 1 - PAIN INTENSITY</b>	<b>SECTION 6 - CONCENTRATION</b>
<input type="radio"/> I have no pain at the moment.	<input type="radio"/> I can concentrate fully without difficulty.
<input type="radio"/> The pain is very mild at the moment.	<input type="radio"/> I can concentrate fully with slight difficulty.
<input type="radio"/> The pain is moderate at the moment.	<input type="radio"/> I have a fair degree of difficulty concentrating.
<input type="radio"/> The pain is fairly severe at the moment.	<input type="radio"/> I have a lot of difficulty concentrating.
<input type="radio"/> The pain is very severe at the moment.	<input type="radio"/> I have a great deal of difficulty concentrating.
<input type="radio"/> The pain is the worst imaginable at the moment.	<input type="radio"/> I can't concentrate at all.
<b>SECTION 2 - PERSONAL CARE (Washing, Dressing, etc.)</b>	<b>SECTION 7 - WORK</b>
<input type="radio"/> I can look after myself normally without causing extra pain.	<input type="radio"/> I can do as much work as I want.
<input type="radio"/> I can look after myself normally, but it causes extra pain.	<input type="radio"/> I can only do my usual work, but no more.
<input type="radio"/> It is painful to look after myself, and I am slow and careful.	<input type="radio"/> I can do most of my usual work, but no more.
<input type="radio"/> I need some help but manage most of my personal care.	<input type="radio"/> I can't do my usual work.
<input type="radio"/> I need help every day in most aspects of self-care.	<input type="radio"/> I can hardly do any work at all.
<input type="radio"/> I do not get dressed. I wash with difficulty and stay in bed.	<input type="radio"/> I can't do any work at all.
<b>SECTION 3 - LIFTING</b>	<b>SECTION 8 - DRIVING</b>
<input type="radio"/> I can lift heavy weights without causing extra pain.	<input type="radio"/> I can drive my car without neck pain.
<input type="radio"/> I can lift heavy weights, but it gives me extra pain.	<input type="radio"/> I can drive as long as I want with slight neck pain.
<input type="radio"/> Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.	<input type="radio"/> I can drive as long as I want with moderate neck pain.
<input type="radio"/> Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.	<input type="radio"/> I can't drive as long as I want because of moderate neck pain.
<input type="radio"/> I can lift only very light weights.	<input type="radio"/> I can hardly drive at all because of severe neck pain.
<input type="radio"/> I cannot lift or carry anything at all.	<input type="radio"/> I can't drive my car at all because of neck pain.
<b>SECTION 4 - READING</b>	<b>SECTION 9 - SLEEPING</b>
<input type="radio"/> I can read as much as I want with no neck pain.	<input type="radio"/> I have no trouble sleeping.
<input type="radio"/> I can read as much as I want with slight neck pain.	<input type="radio"/> My sleep is slightly disturbed for less than 1 hour.
<input type="radio"/> I can read as much as I want with moderate neck pain.	<input type="radio"/> My sleep is mildly disturbed for up to 1-2 hours.
<input type="radio"/> I can't read as much as I want because of moderate neck pain.	<input type="radio"/> My sleep is moderately disturbed for up to 2-3 hours.
<input type="radio"/> I can't read as much as I want because of severe neck pain.	<input type="radio"/> My sleep is greatly disturbed for up to 3-5 hours.
<input type="radio"/> I can't read at all.	<input type="radio"/> My sleep is completely disturbed for up to 5-7 hours.
<b>SECTION 5 - HEADACHES</b>	<b>SECTION 10 - RECREATION</b>
<input type="radio"/> I have no headaches at all.	<input type="radio"/> I have no neck pain during all recreational activities.
<input type="radio"/> I have slight headaches that come infrequently.	<input type="radio"/> I have some neck pain with all recreational activities.
<input type="radio"/> I have moderate headaches that come infrequently.	<input type="radio"/> I have some neck pain with a few recreational activities.
<input type="radio"/> I have moderate headaches that come frequently.	<input type="radio"/> I have neck pain with most recreational activities.
<input type="radio"/> I have severe headaches that come frequently.	<input type="radio"/> I can hardly do recreational activities due to neck pain.
<input type="radio"/> I have headaches almost all the time.	<input type="radio"/> I can't do any recreational activities due to neck pain.