

## NECK PAIN DISABILITY INDEX QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling 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 CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

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| <p><i>SECTION 1 - Pain Intensity</i></p> <p>A I have no pain at the moment.<br/>           B The pain is very mild at the moment.<br/>           C The pain is moderate at the moment.<br/>           D The pain is fairly severe at the moment.<br/>           E The pain is very severe at the moment.<br/>           F The pain is the worst imaginable at the moment.</p>   | <p><i>SECTION 6 - Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty.<br/>           B I can concentrate fully when I want to with slight difficulty.<br/>           C I have a fair degree of difficulty in concentrating when I want to.<br/>           D I have a lot of difficulty in concentrating when I want to.<br/>           E I have a great deal of difficulty in concentrating when I want to.<br/>           F I cannot concentrate at all.</p>  |
| <p><i>SECTION 2 - Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain.<br/>           B I can look after myself normally, but it causes extra pain.<br/>           C It is painful to look after myself and I am slow and careful.<br/>           D I need some help, but manage most of my personal care.<br/>           E I need help every day in most aspects of self care.<br/>           F I do not get dressed, I wash with difficulty and stay in bed.</p>   | <p><i>SECTION 7 - Work</i></p> <p>A I can do as much work as I want to.<br/>           B I can only do my usual work, but no more.<br/>           C I can do most of my usual work, but no more.<br/>           D I cannot do my usual work.<br/>           E I can hardly do any work at all.<br/>           F I cannot do any work at all.</p>   |
| <p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain.<br/>           B I can lift heavy weights, but it gives extra pain.<br/>           C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.<br/>           D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.<br/>           E I can lift very light weights.<br/>           F I cannot lift or carry anything at all.</p> | <p><i>SECTION 8 - Driving</i></p> <p>A I can drive my car without any neck pain.<br/>           B I can drive my car as long as I want with slight pain in my neck.<br/>           C I can drive my car as long as I want with moderate pain in my neck.<br/>           D I cannot drive my car as long as I want because of moderate pain in my neck.<br/>           E I can hardly drive at all because of severe pain in my neck.<br/>           F I cannot drive my car at all.</p>  |
| <p><i>SECTION 4 - Reading</i></p> <p>A I can read as much as I want to with no pain in my neck.<br/>           B I can read as much as I want to with slight pain in my neck.<br/>           C I can read as much as I want to with moderate pain in my neck.<br/>           D I cannot read as much as I want because of moderate pain in my neck.<br/>           E I cannot read as much as I want because of severe pain in my neck.<br/>           F I cannot read at all.</p>  | <p><i>SECTION 9 - Sleeping</i></p> <p>A I have no trouble sleeping.<br/>           B My sleep is slightly disturbed (less than 1 hour sleepless).<br/>           C My sleep is mildly disturbed (1-2 hours sleepless).<br/>           D My sleep is moderately disturbed (2-3 hours sleepless).<br/>           E My sleep is greatly disturbed (3-5 hours sleepless).<br/>           F My sleep is completely disturbed (5-7 hours)</p>  |
| <p><i>SECTION 5 - Headaches</i></p> <p>A I have no headaches at all.<br/>           B I have slight headaches which come infrequently.<br/>           C I have moderate headaches which come infrequently.<br/>           D I have moderate headaches which come frequently.<br/>           E I have severe headaches which come frequently.<br/>           F I have headaches almost all the time.</p>   | <p><i>SECTION 10 - Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all.<br/>           B I am able to engage in all of my recreational activities with some pain in my neck.<br/>           C I am able to engage in most, but not all of my recreational activities because of pain in my neck.<br/>           D I am able to engage in a few of my recreational activities because of pain in my neck.<br/>           E I can hardly do any recreational activities because of pain in my neck.<br/>           F I cannot do any recreational activities at all.</p> |

**COMMENTS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_