

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, however **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1 - Pain Intensity

- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

SECTION 6 - Concentration

- A. I can concentrate fully without difficulty.
- B. I can concentrate fully with slight difficulty.
- C. I have a fair degree of difficulty concentrating.
- D. I have a lot of difficulty concentrating.
- E. I have a great deal of difficulty concentrating.
- F. I cannot concentrate at all.

SECTION 2 - Personal Care (Washing, Dressing, etc.)

- A. I can look after myself normally 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 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 3 - Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes me extra pain.
- C. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned, for example, on a 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 8 - Driving

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

SECTION 9 - Sleeping

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

SECTION 5 - Headaches

- 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 10 - Recreation

- A. I am able to do all my recreational activities without neck pain.
- B. I am able to do all my recreational activities with some neck pain.
- C. I am able to do most, but not all of my recreational activities due to neck pain.
- D. I am able to engage in a few of my recreational activities due to neck pain.
- E. I can hardly do any recreational activities due to neck pain.
- F. I cannot do any recreational activities at all.

COMMENTS: _____

NAME: _____

DATE: _____

SCORE: _____