

# Neck Disability Index

This questionnaire has been designed to give your physical therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and circle only ONE statement which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

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## **Pain Intensity**

- \*I have no pain at the moment
- \*The pain is mild at the moment
- \*The pain comes and goes and is moderate
- \*The pain is moderate and does not vary much
- \*The pain is severe but comes and goes
- \*The pain is severe and does not vary much

## **Personal Care (Washing, Dressing, Ect)**

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

## **Lifting**

- \*I can lift heavy weights without extra pain.
- \*I can lift heavy weights, but it causes extra pain.
- \*Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table.
- \*Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- \*I can lift very light weights
- \*I cannot lift or carry anything at all

## **Reading**

- \*I can read as much as I want to with no pain in my neck
- \*I can read as much as I want with slight pain in my neck
- \*I can read as much as I was with moderate pain in my neck
- \*I cannot read as much as I want because of moderate pain in my neck
- \*I cannot read as much as I want because of severe pain in my neck
- \*I cannot read at all

## **Headache**

- \*I have no headaches at all
- \*I have slight headaches which come infrequently
- \*I have moderate headaches which come infrequently
- \*I have moderate headaches which come frequently
- \*I have severe headaches which come frequently
- \*I have headaches almost all the time

**Concentration**

- \*I can concentrate fully when I want to with no difficulty
- \*I can concentrate fully when I want to with slight difficulty
- \*I have a fair degree of difficulty in concentrating when I want to
- \*I have a lot of difficulty in concentrating when I want to
- \*I have a great deal of difficulty concentrating when I want to
- \*I cannot concentrate at all

**Work**

- \*I can do as much work as I want to
- \*I can only do my usual work, but no more
- \*I can do most of my usual work, but no more
- \*I cannot do my usual work
- \*I can hardly do any work at all
- \*I cannot do any work at all

**Driving**

- \*I can drive my car without neck pain
- \*I can drive my car as long as I want with slight pain in my neck
- \*I can drive my car as long as I want with moderate pain in my neck
- \*I cannot drive my car as long as I want because of moderate pain in my neck
- \*I can hardly drive my car at all because of severe pain in my neck
- \*I cannot drive my car at all

**Sleeping**

- \*I have no trouble sleeping
- \*My sleep is slightly disrupted (less than 1 hour sleepless)
- \*My sleep is mildly disrupted (1-2 hours sleepless)
- \*My sleep is moderately disrupted (2-3 hours sleepless)
- \*My sleep is greatly disrupted (3-5 hours sleepless)
- \*My sleep is completely disrupted (5-7 hours sleepless)

**Recreation**

- \*I am able to engage in all recreational activities with no pain in my neck at all
- \*I am able to engage in all recreational activities with some pain in my neck
- \*I am able to engage in most, but not all recreational activities because of pain in my neck
- \*I am able to engage in a few of my usual recreational activities because of pain in my neck
- \*I can hardly do any recreational activities because of pain in my neck
- \*I cannot do any recreational activities at all

**TO BE COMPLETED BY PHYSICAL THERAPIST:**

Patient's Total Score: \_\_\_\_\_

Patient Current Disability Rating: \_\_\_\_\_

<b>Modifer Code</b>	<b>% impaired, limited or restricted</b>
<b>CH</b>	0%
<b>CI</b>	1-19%
<b>CJ</b>	20-39%
<b>CK</b>	40-59%
<b>CL</b>	60-79%
<b>CM</b>	80-99%
<b>CN</b>	100%