

Neck Pain and Disability Index

Name _____ Chart # _____ Date _____

This questionnaire is designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. In each section, mark only the one which most closely describes your problem right now.

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

I understand that the information I have provided above is current and complete to the best of my knowledge

Signature: _____

Comments: _____
