

## NECK PAIN DISABILITY INDEX QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to perform your everyday activities. Please answer each section by circling the **ONE CHOICE** that best applies to you. We realize that you may feel that more than one statement may relate to you, **BUT PLEASE JUST CIRCLE THE ONE THAT MOST CLEARLY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><b>SECTION 1 – Pain Intensity</b></p> <ol style="list-style-type: none"> <li>0. I have no pain at the moment</li> <li>1. The pain is very mild at the moment.</li> <li>2. The pain is moderate at the moment.</li> <li>3. The pain is fairly severe at the moment.</li> <li>4. The pain is very severe at the moment.</li> <li>5. The pain is the worst imaginable at the moment.</li> </ol>	<p><b>SECTION 6 – Concentration</b></p> <ol style="list-style-type: none"> <li>0. I can concentrate fully when I want to with no difficulty.</li> <li>1. I can concentrate fully when I want to with slight difficulty.</li> <li>2. I have a fair degree of difficulty in concentrating when I want to.</li> <li>3. I have a lot of difficulty in concentrating when I want to.</li> <li>4. I have a great deal of difficulty in concentrating when I want to</li> <li>5. I cannot concentrate at all.</li> </ol>
<p><b>SECTION 2 – Personal Care (Washing, Dressing, etc)</b></p> <ol style="list-style-type: none"> <li>0. I can look after myself normally without causing extra pain.</li> <li>1. I can look after myself normally but it causes extra pain.</li> <li>2. It is painful to look after myself and I am slow and careful.</li> <li>3. I need some help but manage most of my personal care.</li> <li>4. I need help every day in most aspects of self care.</li> <li>5. I do not get dressed; I wash with difficulty and stay in bed.</li> </ol>	<p><b>SECTION 7 – Work</b></p> <ol style="list-style-type: none"> <li>0. I can do as much work as I want to.</li> <li>1. I can only do my usual work, but no more.</li> <li>2. I can do most of my usual work, but no more.</li> <li>3. I cannot do my usual work.</li> <li>4. I can hardly do any work at all.</li> <li>5. I cannot do any work at all.</li> </ol>
<p><b>SECTION 3 – Lifting</b></p> <ol style="list-style-type: none"> <li>0. I can lift heavy weights without extra pain.</li> <li>1. I can lift heavy weights but it gives extra pain.</li> <li>2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.</li> <li>3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li>4. I can lift very light weights.</li> <li>5. I cannot lift or carry anything at all.</li> </ol>	<p><b>SECTION 8 – Driving</b></p> <ol style="list-style-type: none"> <li>0. I can drive my car without any neck pain.</li> <li>1. I can drive my car as long as I want with slight pain in my neck.</li> <li>2. I can drive my car as long as I want with moderate pain in my neck.</li> <li>3. I can't drive my car as long as I want because of moderate pain in my neck.</li> <li>4. I can hardly drive at all because of severe pain in my neck.</li> <li>5. I can't drive my car at all.</li> </ol>
<p><b>SECTION 4 – Reading</b></p> <ol style="list-style-type: none"> <li>0. I can read as much as I want to with no pain in my neck.</li> <li>1. I can read as much as I want with slight pain in my neck.</li> <li>2. I can read as much as I want with moderate pain in my neck.</li> <li>3. I can't read as much as I want because of moderate pain in my neck.</li> <li>4. I can hardly read at all because of severe pain in my neck.</li> <li>5. I cannot read at all.</li> </ol>	<p><b>SECTION 9 – Sleeping</b></p> <ol style="list-style-type: none"> <li>0. I have no trouble sleeping.</li> <li>1. My sleep is slightly disturbed (less than 1 hr sleepless)</li> <li>2. My sleep is mildly disturbed (1-2 hrs sleepless)</li> <li>3. My sleep is moderately disturbed (2-3 hrs sleepless)</li> <li>4. My sleep is greatly disturbed (3-5 hrs sleepless)</li> <li>5. My sleep is completely disturbed (5-7 hrs sleepless)</li> </ol>
<p><b>SECTION 5 – Headaches</b></p> <ol style="list-style-type: none"> <li>0. I have no headaches at all.</li> <li>1. I have slight headaches which come infrequently.</li> <li>2. I have moderate headaches which come infrequently.</li> <li>3. I have moderate headaches, which come frequently</li> <li>4. I have severe headaches which come frequently.</li> <li>5. I have headaches almost all the time.</li> </ol>	<p><b>SECTION 10 – Recreation</b></p> <ol style="list-style-type: none"> <li>0. I am able to engage in all my recreational activities with no neck pain at all.</li> <li>1. I am able to engage in all my recreational activities, with some pain in my neck.</li> <li>2. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.</li> <li>3. I am able to engage in a few of my usual recreational activities because of pain in my neck.</li> <li>4. I can hardly do any recreational activities because of pain in my neck.</li> <li>5. I can't do any recreational activities at all.</li> </ol>

Comments: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_ Score: \_\_\_\_\_