



NECK DISABILITY INDEX¹

Name _____ Age _____ Date _____ Therapist _____
 Occupation _____ Number of days of pain _____ (this episode)

This questionnaire is designed to give your therapist information as to how your neck pain has affected you in your everyday life activities. Please answer each section, **mark only ONE line, which best describes your status today.**

Section 1 - Pain Intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

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

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes me 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, wash with difficulty and stay in bed.

Section 3 - Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage 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 only very light weights.
- I cannot lift or carry anything at all.

Section 4 - Reading

- I can read as much as I want with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck..
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

¹Adapted and reprinted with permission. Vernon H, Mior S. The Neck Disability Index: A Study of Reliability and Validity. Journal of Manipulative and Physiological Therapeutics 1991; 14(7):409-15.

Section 5 – Headaches

- I have no headache at all.
- I have slight headaches, which come in-frequently.
- I have moderate headaches, which come in-frequently.
- I have moderate headaches, which come frequently.
- I have severe headaches, which come frequently.
- I have headaches almost all the time.

Section 6 - 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.

Section 7 - 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 can't do any work at all.

Section 8 - Driving

- I can drive my car without any 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 can't drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

Section 9 - Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour of sleep loss).
- My sleep is mildly disturbed (1-2 hour sleep loss).
- My sleep is moderately disturbed (2-3 hours sleep loss).
- My sleep is greatly disturbed (3-4 hours sleep loss).
- My sleep is completely disturbed (5-7 hours sleep loss).

Section 10 - Recreation

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities with some pain in my neck.
- I am able to engage in most but not all of my usual recreational activities because of pain in my neck.
- I am able to engage in 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 can't do any recreational activities at all.

Comments:

TO BE COMPLETED BY PHYSICAL THERAPIST/PROVIDER:

SCORE: ____/50 OR ____%

INITIAL **6 VISITS** **DISCHARGE**

Number of Treatment Sessions _____

Gender: Male

Female

Diagnosis/ICD-9 Code _____

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