



### THE NECK DISABILITY INDEX

This questionnaire has been designed to inform us how your neck problem has affected your ability to manage in everyday life. Please answer every section and mark in each section only the ONE box 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.

<b>Section 1 - Pain Intensity</b>  <input type="checkbox"/> I have no pain at this moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment.	<b>Section 6 - Concentration</b>  <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all.
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<b>Section 2 - Personal Care (Washing, Dressing, etc.)</b>  <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.	<b>Section 7 - Work</b>  <input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all.
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<b>Section 3 - Lifting</b>  <input type="checkbox"/> I can lift heavy objects without extra pain. <input type="checkbox"/> I can lift heavy objects but it gives extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned, for example, on a table. <input type="checkbox"/> Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned. <input type="checkbox"/> I can lift very light objects. <input type="checkbox"/> I cannot lift or carry anything at all.	<b>Section 8 - Driving</b>  <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. <input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. <input type="checkbox"/> I cannot drive my car at all.
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<b>Section 4 - Reading</b>  <input type="checkbox"/> I can read as much as I want with no neck pain. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want with moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck.	<b>Section 9 - Sleeping</b>  <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless).
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**Section 5 - Headaches**

- 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 of the time.

**Section 10 - Recreation**

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities with some pain in my neck.
- I am able to engage I most, but not all of my usual activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can=t do any recreation activities at all.