

NECK DISABILITY INDEX (NDI)

NAME _____

DATE _____

Section 1 – Pain Intensity

<input type="checkbox"/> I have no pain at the 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

Section 2 – Personal Care (Washing & Dressing)

<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 me 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, wash with difficulty, and stay in bed

Section 3 – Lifting

<input type="checkbox"/> I can lift heavy weights without extra pain
<input type="checkbox"/> I can lift heavy weights but it causes extra pain
<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned for example a table
<input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
<input type="checkbox"/> I can only lift very light weights
<input type="checkbox"/> I cannot lift or carry anything at all

Section 4 – Reading

<input type="checkbox"/> I can read as much as I want with no pain in my neck
<input type="checkbox"/> I can read as much as I want 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 can't read as much as I want because of moderate pain in my neck
<input type="checkbox"/> I can hardly read at all because of severe pain in my neck
<input type="checkbox"/> I cannot read at all

Section 5 – Headache

<input type="checkbox"/> I have no headaches at all
<input type="checkbox"/> I have slight headaches that come infrequently
<input type="checkbox"/> I have moderate headaches that come infrequently
<input type="checkbox"/> I have moderate headaches that come frequently
<input type="checkbox"/> I have severe headaches that come frequently
<input type="checkbox"/> I have headaches almost all of the time

Section 6 – Concentration

<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
<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
<input type="checkbox"/> I cannot concentrate at all

Section 7 – Work

<input type="checkbox"/> I can do as much 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 can't do any work at all

Section 8 – Driving

<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 neck pain
<input type="checkbox"/> I can't 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 can't drive my car at all

Section 9 – Sleeping

<input type="checkbox"/> I have no trouble sleeping
<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleep loss)
<input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleep loss)
<input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleep loss)
<input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleep loss)
<input type="checkbox"/> My sleep is completely disturbed (5-7 hours sleep loss)

Section 10 – Recreation

<input type="checkbox"/> I am able to engage in all of my recreational activities with no neck pain
<input type="checkbox"/> I am able to engage in all of my recreational activities with some neck pain
<input type="checkbox"/> I am able to engage in most, but not all of my usual recreational activities because of neck pain
<input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of neck pain
<input type="checkbox"/> I can hardly do any recreational activities because of neck pain
<input type="checkbox"/> I can't do any recreational activities at all