

# NECK PAIN DISABILITY INDEX QUESTIONNAIRE

Please rate the severity of your pain by circling a number below

No Pain 

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 Unbearable Pain

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Instructions:** This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please circle the **ONE NUMBER** in each section which most closely describes your problem. We realize you may consider that two of the statements in any one section relate to you, but only mark the box which most closely describes your problem.

## Section 1 – Pain Intensity

0. I have no pain at the moment.
1. The pain is very mild at the moment.
2. The pain is moderate at the moment.
3. The pain is fairly severe at the moment.
4. The pain is very severe at the moment.
5. The pain is the worst imaginable at the moment.

## Section 2 – Personal Care

0. I can look after myself normally without causing extra pain.
1. I can look after myself normally but it causes extra pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help but manage most of my personal care.
4. I need help every day in most aspects of self-care.
5. I do not get dressed; I was with difficulty and stay in bed.

## Section 3 – Lifting

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights but it gives me extra pain.
2. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently places e.g. on a table
3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
4. I can only lift very light weights.
5. I cannot lift or carry anything.

## Section 4 – Reading

0. I can read as much as I want with no pain in my neck.
1. I can read as much as I want to with slight pain in my neck.
2. I can read as much as I want with moderate pain.
3. I can't read as much as I want because of moderate pain in my neck.
4. I can hardly read at all because of severe pain in my neck.
5. I cannot read at all.

## Section 5 – Headaches

0. I have no headaches at all.
1. I have slight headaches which come infrequently.
2. I have slight headaches which come frequently.
3. I have moderate headaches which come infrequently.
4. I have moderate headaches which come frequently.
5. I have headaches almost all the time.

## Section 6 – Concentration

0. I can concentrate fully when I want to with no difficulty.
1. I can concentrate fully when I want to with slight difficulty.
2. I have a fair degree of difficulty in concentrating when I want.
3. I have a lot of difficulty in concentrating when I want to.
4. I have a great deal of difficulty in concentrating when I want to.
5. I cannot concentrate at all.

## Section 7 – Work

0. I can do as much work as I want to.
1. I can only do my usual work, but no more.
2. I can do most of my usual work, but no more.
3. I cannot do my usual work.
4. I can hardly do any work at all.
5. I can't do any work at all.

## Section 8 – Driving

0. I drive my car without any neck pain.
1. I can drive my car as long as I want with slight pain in my neck.
2. I can drive my car as long as I want with moderate pain in my neck.
3. I can't drive my car as long as I want because of moderate pain in my neck.
4. I can hardly drive my car at all because of severe pain in my neck.
5. I can't drive my car at all.

## Section 9 – Sleeping

0. I have no trouble sleeping.
1. My sleep is slightly disturbed (less than 1 hr. sleepless).
2. My sleep is moderately disturbed (1-2 hrs. sleepless).
3. My sleep is moderately disturbed (2-3 hrs. sleepless).
4. My sleep is greatly disturbed (3-4 hrs. sleepless).
5. My sleep is completely disturbed (5-7 hrs. sleepless).

## Section 10 – Recreation

0. I am able to engage in all my recreation activities with no neck pain at all.
1. I am able to engage in all my recreation activities with some pain in my neck.
2. I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
3. I am able to engage in a few of my usual recreation activities because of pain in my neck.
4. I can hardly do any recreation activities because of pain in my neck.
5. I can't do any recreation activities at all.

TOTAL: \_\_\_\_\_