

Barrington Rehabilitation and Sports Physical Therapy

The Neck Disability Index

Patient Name: _____ Account #: _____ Date: _____

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section on the ONE box that applies to you. We realize that you may consider the two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

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 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; I 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 gives 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 off the floor, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

SECTION 4 – READING

- I can read as much as I want to 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 to 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

SECTION 5 – HEADACHES

- I have no headaches at all
- I have slight headaches that come infrequently
- I have moderate headaches that come infrequently
- I have moderate headaches that come frequently
- I have severe headaches that come frequently
- I have headaches almost all of 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 in 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 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 cannot 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 cannot drive my car at all

SECTION 9 – SLEEPING

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

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 neck pain
- I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck
- I am able to engage in few of my recreation activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I cannot do any recreation activities at all

0-10 Numeric Pain Rating Scale

Please circle the number that best rates your level of pain.



