

# Neck Pain Disability Index Questionnaire

**Please Read:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by marking “**only one choice**” that best describes your problem right now.

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## Section 1 - Pain Intensity

- A. I have no pain at the moment.
- B. The pain is very mild.
- C. The pain is moderate at the present moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

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

- A. I can look after myself normally.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

## Section 3 - Lifting

- A. I can lift heavy weights, without extra pain
- B. I can lift heavy weights, but it causes me extra pain.
- C. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned, for example on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot carry or lift anything at all.

## Section 4 - Reading

- A. I can read as much as I want with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want due to moderate pain.
- E. I cannot read as much as I want due to severe neck pain.
- F. I cannot read at all due to neck pain.

## Section 5 - Headaches

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

## Section 6 - Concentration

- A. I can concentrate fully without difficulty.
- B. I can concentrate fully with slight difficulty.
- C. I have a fair degree of difficulty concentrating
- D. I have a lot of difficulty concentrating.
- E. I have a great deal of difficulty concentrating.
- F. I cannot concentrate at all.

## Section 7 - Work

- A. I can do as much work as I want to.
- B. I can do only my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly work at all.
- F. I cannot do any work at all.

## Section 8 - Driving

- A. I can drive my car without neck pain.
- B. I can drive my car as long as want with slight neck pain.
- C. I can drive my car as long as ; want with moderate neck pain.
- D. I cannot drive my car as long as I want due to moderate neck pain.
- E. I can hardly drive at all because of severe neck pain.
- F. I cannot drive my car at all.

## Section 9 - Sleepng

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1hour.)
- C. My sleep is mildly disturbed (1-2 hours)
- D. My sleep is moderatly disturbed (2-3 hours)
- E. My sleep is greatly disturbed (3-5 hours)
- F. My sleep is completely disturbed (5-7 hours)

## Section 10 - Recreation

- A. I can do all my recreational activities without neck pain.
- B. I can do all my recreational activites with some neck pain.
- C. I can do most, but not all my recreational activities due to my neck pain.
- D. I can engage in a few of my recreational activities due to my neck pain.
- E. I can hardly do any recreational activities due to my neck pain.
- F. I cannot do any recreational activities at all

Comments: \_\_\_\_\_

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_