NECK PAIN DISABILITY INDEX QUESTIONNAIRE

Patient Name:

MO	DAY	YEAR	DR#	PATIENT NUMBER

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 darkening the **one bubble** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **please, just pencil in the one choice which closely describes your problem now.**

Please use a **No. 2 pencil** to fill in your answer.
Fill in bubbles **completely** as indicated here:
Erase changes cleanly. Do **not fold** this form.

1. PAIN INTENSITY

- (A) I have no pain at the moment.
- (B) The pain is very mild at the moment.
- (C) The pain is moderate at the 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.

2. PERSONAL CARE

- (A) I can look after myself normally without causing extra pain.
- (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.

3. LIFTING

- (A) I can lift heavy weights, without extra pain.
- (B) I can lift heavy weights, but it gives extra pain.
- (C) Pain prevents me from lifting heavy weights off the floor, but I can 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 lift or carry anything at all.

4. READING

- (A) I can read as much as I want to with no pain in my neck.
- (B) I can read as much as I want to 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 because of moderate pain in my neck.
- (E) I cannot read as much as I want because of severe pain in my neck.
- (F) I cannot read at all.

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.

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6. CONCENTRATION

- (A) I can concentrate fully when I want to with no difficulty.
- (B) I can concentrate fully when I want to with slight difficulty.
- (C) I have a fair degree of difficulty in concentrating when I want to.
- (D) I have a lot of difficulty in concentrating when I want to.
- (E) I have a great deal of difficulty in concentrating when I want to.
- (F) I cannot concentrate at all.

7. WORK

- (A) I can do as much work as I want to.
- (B) I can only do 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 do any work at all.
- (F) I cannot do any work at all.

8. DRIVING

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

9. SLEEPING

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

10. RECREATION

- (A) I am able to engage in all of my recreational activities, with no neck pain at all.
- (B) I am able to engage in all of my recreational activities, with some pain in my neck.
- (C) I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- (D) I am able to engage in a few of my usual recreational activities because of pain in my neck.
- (E) I can hardly do any recreational activities because of pain in my neck.
- (F) I cannot do any recreational activities at all.

SIGNATURE: _____ DATE: _____

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