

## NECK DISABILITY INDEX

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_ File: \_\_\_\_\_

This questionnaire helps us to understand how much your *neck discomfort* has affected your ability to perform everyday activities. Please check one box in each section that most clearly describes your current level of difficulty.

<p><b>Section 1 – Pain Intensity</b></p> <p><input type="checkbox"/> I have no discomfort at the moment.</p> <p><input type="checkbox"/> The discomfort is very mild at the moment.</p> <p><input type="checkbox"/> The discomfort is moderate at the moment.</p> <p><input type="checkbox"/> The discomfort is fairly severe at the moment.</p> <p><input type="checkbox"/> The discomfort is very severe at the moment.</p> <p><input type="checkbox"/> The discomfort is the worst imaginable at the moment.</p>	<p><b>Section 6 – Work Related Activities</b></p> <p><input type="checkbox"/> I am able to perform my work without limitations.</p> <p><input type="checkbox"/> I am able to perform my usual work, but no more.</p> <p><input type="checkbox"/> I am able to perform most of my usual work.</p> <p><input type="checkbox"/> I cannot perform my usual work.</p> <p><input type="checkbox"/> I can hardly perform any work.</p> <p><input type="checkbox"/> I cannot perform any of my work.</p>
<p><b>Section 2 - Personal Care (washing, dressing, etc.)</b></p> <p><input type="checkbox"/> I can look after myself without experiencing increased discomfort.</p> <p><input type="checkbox"/> I can look after myself but I experience increased discomfort.</p> <p><input type="checkbox"/> It is uncomfortable to look after myself so I am cautious.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help everyday in most aspects of self-care.</p> <p><input type="checkbox"/> I am unable to wash or dress myself without help.</p>	<p><b>Section 7 – Concentration</b></p> <p><input type="checkbox"/> I can concentrate fully with no difficulty.</p> <p><input type="checkbox"/> I can concentrate when I want with slight difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty concentrating.</p> <p><input type="checkbox"/> I have a moderate degree of difficulty concentrating.</p> <p><input type="checkbox"/> I have a great deal of difficulty concentrating.</p> <p><input type="checkbox"/> I cannot concentrate at all.</p>
<p><b>Section 3 – Lifting</b></p> <p><input type="checkbox"/> I can lift heavy objects without increased discomfort.</p> <p><input type="checkbox"/> I can lift heavy objects but it causes increased discomfort.</p> <p><input type="checkbox"/> I cannot lift heavy objects off the floor because of my discomfort.</p> <p><input type="checkbox"/> I can only lift objects off the floor if they are conveniently positioned because of my discomfort.</p> <p><input type="checkbox"/> I can only manage medium to light objects if they are conveniently positioned.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p><b>Section 8 – Driving</b></p> <p><input type="checkbox"/> I can drive my car without any discomfort.</p> <p><input type="checkbox"/> I can drive as long as I want with slight discomfort.</p> <p><input type="checkbox"/> I can drive as long as I want with moderate discomfort.</p> <p><input type="checkbox"/> I cannot drive as long as I want due to moderate discomfort.</p> <p><input type="checkbox"/> I can hardly drive at all due to severe discomfort.</p> <p><input type="checkbox"/> I cannot drive at all.</p>
<p><b>Section 4 – Reading</b></p> <p><input type="checkbox"/> I can read as much as I want with no discomfort.</p> <p><input type="checkbox"/> I can read as much as I want to with slight discomfort.</p> <p><input type="checkbox"/> I can read as much as I want with moderate discomfort.</p> <p><input type="checkbox"/> I cannot read as much as I want due to moderate discomfort.</p> <p><input type="checkbox"/> I can hardly read at all due to severe discomfort.</p> <p><input type="checkbox"/> I can't read at all due to discomfort.</p>	<p><b>Section 9 – Sleeping</b></p> <p><input type="checkbox"/> I have no trouble sleeping.</p> <p><input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr).</p> <p><input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless).</p> <p><input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless).</p>
<p><b>Section 5 – Headaches</b></p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate/severe headaches that come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches that come frequently.</p> <p><input type="checkbox"/> I have severe headaches that come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p><b>Section 10 – Recreation</b></p> <p><input type="checkbox"/> I can engage in all my daily activities.</p> <p><input type="checkbox"/> I can engage in my daily activities but experience some discomfort.</p> <p><input type="checkbox"/> I can engage in most, but not all daily activities.</p> <p><input type="checkbox"/> I can engage in a few of my daily activities.</p> <p><input type="checkbox"/> I can hardly do any activities due to neck discomfort.</p> <p><input type="checkbox"/> I cannot do any daily activities at all.</p>

Score: