

Neck Disability Index

Page 1 of 2

Name _____

DOB
(YYYY/MM/DD)

Today's Date:

This questionnaire has been designed to give your physiotherapist information as to how your neck pain has affected your ability to manage everyday life. Please answer every section. Pick only the ONE answer that best applies to you.

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.

Lifting

- 0) I can lift heavy weights without extra pain.
- 1) I can lift heavy weights, but it gives extra pain.
- 2) Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned for example 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 lift very light weights.
- 5) I can not lift or carry anything at all.

Headaches

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

Personal Care (washing, dressing, etc.)

- 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 wash with difficulty and stay in bed.

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 with slight pain in my neck.
- 2) I can read as much as I want with moderate pain in my neck.
- 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 pain in my neck.
- 5) I can not read at all.

Concentration

- 0) I can concentrate fully when I want with no difficulty.
- 1) I can concentrate fully when I want 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.
- 4) I have a great deal of difficulty in concentrating when I want.
- 5) I can not concentrate at all.

Neck Disability Index

Page 2 of 2

Name _____

DOB _____
(YYYY/MM/DD)

Today's Date:

Work

- 0) I can do as much work as I want.
- 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 can not do my usual work.
- 4) I can hardly do any work at all.
- 5) I can't work at all.

Sleeping

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

Driving

- 0) I can 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 at all because of severe pain in my neck.
- 5) I can't drive my car at all.

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.

NDI Test Score: _____ Staff Initials: _____
50

Numerical Pain Rating Scale (NPRS):

With respect to your pain, over the last 24 hours, how bad has your pain been? Select the appropriate number.

No Pain

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

Unbearable Pain

Scoring: Add up the value (0 to 5) of each question. Maximum score is 50. Enter score into PPS under NDI Score on assessment form.