

Neck Pain Disability Index

Please rate the severity of your pain by circling a number below:

No Pain

0	1	2	3	4	5	6	7	8	9	10
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Unbearable Pain

Name _____

Date _____

Instructions: Please circle the **ONE NUMBER** in each section which most closely describes your problem.

Section 1 – 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

Section 2 – Personal Care (Washing, Dressing, etc.)

- 0. I would not have to change my way of washing or dressing in order to avoid pain
- 1. I do not normally change my way of washing or dressing even though it causes some pain
- 2. Washing and dressing increase the pain but I manage not to change my way of doing it
- 3. Washing and dressing increase the pain, and I find it necessary to change the way of doing it
- 4. Because of the pain, I am unable to do some washing and dressing without help
- 5. Because of the pain, I am unable to do any washing and dressing without help

Section 3 - Lifting

- 0. I can lift heavy weights without extra pain
- 1. I can lift heavy weights but it gives me extra pain
- 2. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table)
- 3. Pain prevents me from lifting heavy objects, but I can manage light to medium weights if they are conveniently positioned
- 4. I can only lift very light weights at most
- 5. I cannot lift or carry anything at all

Section 4 – Reading

- 0. I can read as much as I want to with no neck pain
- 1. I can read as much as I want to with slight neck pain
- 2. I can read as much as I want with moderate neck pain
- 3. I can't read as much as I want because of moderate neck pain
- 4. I can hardly read at all because of severe neck pain
- 5. I cannot read at all

Section 5 – Headaches

- 0. I have no headaches
- 1. I have slight headaches which come in-frequently
- 2. I have moderate headaches with come in-frequently
- 3. I have moderate headaches with come frequently
- 4. I have severe headaches with come frequently
- 5. I have headaches almost all the time

Section 6 - Concentration

- 0. I can concentrate fully when I want to with no difficulty
- 1. I can concentrate fully when I want to with slight difficulty
- 2. I have a fair degree of difficulty in concentrating when I want to
- 3. I have a lot of difficulty in concentrating when I want to
- 4. I have a great deal of difficulty in concentrating when I want to
- 5. I cannot concentrate at all

Section 7 – Work

- 0. I can do as much work as I want to
- 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 cannot do my usual work
- 4. I can hardly do any work at all
- 5. I cannot do any work at all

Section 8 – Driving

- 0. I can drive my car without neck pain
- 1. I can drive my car as long as I want with slight neck pain
- 2. I can drive my car as long as I want with moderate neck pain
- 3. I cannot drive my car as long as I want because of moderate neck pain
- 4. I cannot drive my car most of the time because of neck pain
- 5. I cannot drive my car at all because of the pain

Section 9 – Sleeping

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

Section 10 – Recreation

- 0. I am able to engage in all my recreational activities without neck pain
- 1. I am able to engage in all my recreational activities with some neck pain
- 2. I am able to engage in most, but not all my recreational activities with some neck pain
- 3. I am able to engage in a few of my usual recreational activities because of neck pain
- 4. I can hardly do any recreational activities because of neck pain
- 5. I cannot do any recreational activities at all because of neck pain

Total _____