

Patient Name:		Date:	//	Score:	0 %
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NECK DISABILITY INDEX

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which MOST CLOSELY describes your problem.

	Section 1: Pain Intensity 0		Section 6: Concentration 0
(0)	I have no pain at the moment.	(0)	I can concentrate fully when I want to with no difficulty.
(1)	The pain is very mild at the moment.	(1)	I can concentrate fully when I want to with slight difficulty.
(2)	The pain is moderate at the moment.	(2)	I have a fair degree of difficulty in concentrating when I want to.
(3)	The pain is fairly severe at the moment.	(3)	I have a lot of difficulty in concentrating when I want to.
(4)	The pain is very severe at the moment.	(4)	I have a great deal of difficulty in concentrating when I want to.
(5)	The pain is the worst imaginable at the moment.	(5)	I cannot concentrate at all.

	Section 2: Personal Care 0 (Washing, Dressing)		Section 7: Working 0
(0)	I can look after myself normally, without causing extra pain.	(0)	I can do as much work as I want to do.
(1)	I can look after myself normally, but it causes extra pain.	(1)	I can do my usual work, but no more.
(2)	It is painful to look after myself and I am slow and careful.	(2)	I can do most of my usual work, but no more.
(3)	I need some help but manage most of my personal care.	(3)	I cannot do my usual work.
(4)	I need help ever day in most aspects of self-care.	(4)	I can hardly do any work at all.
(5)	I do not get dressed, I wash with difficulty and stay in bed.	(5)	I can't do any work at all.

	Section 3: Lifting 0		Section 8: Driving 0
(0)	I can lift heavy weights without extra pain.	(0)	I drive my car without any neck pain.
(1)	I can lift heavy weights, but it gives extra pain.	(1)	I can drive my car as long as I want with slight pain in my neck.
(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.	(2)	I can drive my car as long as I want with moderate pain in my neck.
(3)	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.	(3)	I can't drive my car as long as I want because of moderate pain in my neck.
(4)	I can lift very light weights.	(4)	I can hardly drive my car at all because of severe pain in my neck.
(5)	I cannot lift or carry anything at all.	(5)	I can't drive my car at all.

	Section 4: Reading 0		Section 9: Sleeping 0
(0)	I can read as much as I want to with no pain in my neck.	(0)	I have no trouble sleeping.
(1)	I can read as much as I want to with slight pain in my neck.	(1)	My sleep is slightly disturbed (less than 1 hr. sleepless).
(2)	I can read as much as I want with moderate pain.	(2)	My sleep is moderately distributed (1-2 hrs. sleepless).
(3)	I can't read as much as I want because of moderate pain in my neck.	(3)	My sleep is moderately disturbed (2-3 hrs. sleepless).
(4)	I can hardly read at all because of severe pain in my neck.	(4)	My sleep is greatly disturbed (3-4 hrs. sleepless).
(5)	I cannot read at all.	(5)	My sleep is completely disturbed (5-7 hrs. sleepless).

	Section 5: Headaches 0		Section 10: Recreation 0
(0)	I have no headaches at all.	(0)	I am able to engage in all my recreation activities with no neck pain at all.
(1)	I have slight headaches which come infrequently.	(1)	I am able to engage in all my recreation activities, with some pain in my neck.
(2)	I have slight headaches which come frequently.	(2)	I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
(3)	I have moderate headaches which come infrequently.	(3)	I am able to engage in a few of my usual recreation activities because of pain in my neck.
(4)	I have severe headaches which come frequently.	(4)	I can hardly do any recreation activities because of pain in my neck.
(5)	I have headaches almost all the time.	(5)	I can't do any recreation activities at all.

Scoring: Question are scored on a vertical scale of 0-5. Total scores and multiply be 2. Divide by number of section answered multiplied by 10. A score of 22% or more is considered significant activities of daily living disability.

$$(\text{Score } 0 \times 2=0) / (10 \text{ Sections} \times 10 =100) = 0 \% \text{ ADL Disability}$$

Reference: Vernon, Mior. JMP 1991; 14(7): 409-15