



Neck Disability Index

Patient _____

Date: _____

This questionnaire is designed to give your therapist information as to how your neck pain affects your ability to manage in everyday life activities. **Please mark in each section the one box that applies to you.** Although you may consider that two of the statements in any one section relate to you, please mark the **box that mostly closely** describes your present day situation.

Section 1 -Pain intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable

Section 2 - Personal Care

- I can look after myself normally without causing extra pain
- I can look after myself normally, but it causes extra pain
- It is painful to look after myself, and I am slow and careful.
- I need some help but manage most of my personal care
- I need help everyday in most aspects of self-care
- I do not get dressed. I wash with difficulty and stay in bed

Section 3 -Lifting

- I can lift heavy weights without causing extra pain
- I can lift heavy weights, but it gives me extra pain causing extra pain
Pain prevents me from lifting heavy weights off the floor, but I manage if items are conveniently positioned
- Pain prevents me from lifting heavy weights, but I manage light weights if they items are conveniently positioned
- I can lift only very light weights
- I cannot lift or carry anything at all

Section 4 -Work

- I can do as much work as I want
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I can't do my usual work
- I can hardly do any work at all
- I can't do any work at all

Section 5 - Headaches

- I have no headaches at all
- I have slight headaches that come infrequently
- I have moderate headaches that come infrequently
- I have moderate headaches that come frequently
- I have severe headaches that come frequently
- I have headaches almost all the time

Section 6 - Concentration

- I can concentrate fully without difficulty
- I can concentrate fully with slight difficulty
- I have a fair degree of difficulty concentrating
- I have a lot of difficulty concentrating
- I have a great deal of difficulty concentrating
- I can't concentrate at all

Section 7 - Sleeping

- I have no problem sleeping
- My sleep is slightly disturbed for less than 1 hour
- My sleep is mildly disturbed for up to 1-2 hours
- My sleep is moderately disturbed for up to 2-3 hours
- My sleep is greatly disturbed for up to 3-5 hours
- My sleep is completely disturbed for up to 5-7 hours

Section 8 - Driving

- I can drive my car without neck pain
- I can drive as long as I want with slight neck pain
- I can drive as long as I want with moderate neck pain
- I can't drive as long as I want because of moderate neck pain
- I can hardly drive at all because of severe neck pain
- I can't drive my car at all because of neck pain

Score: _____ [50]

Section 9 - Reading

- I can read as much as I want with no neck pain
- I can read as much as I want with slight neck pain
- I can read as much as I want with moderate neck pain
- I can't read as much as I want because of moderate neck pain
- I can't read as much as I want because of severe neck pain
- I can't read at all

Section 10 - Recreation

- I have no neck pain during all recreational activities
- I have some neck pain during all recreational activities
- I have some neck pain with a few recreational activities
- I have neck pain with most recreational activities
- I can hardly do recreational activities due to neck pain
- I can't do any recreational activities due to neck pain

Benchmark - 5 = _____

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