



The Neck Disability Index

eform v 3.1

Patient Name: _____

Patient ID: _____

Date of review: (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR _____ Weeks / Months / Years (add the delay and circle one)

Patients - please place an X in one box on each line to indicate your response to that question.

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 at the moment

2. Personal care (e.g. washing dressing)

- 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 every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

3. Lifting

- I can lift heavy weights without extra pain
- I can lift weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, for example, on a table
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

4. Reading

- I can read as much as I want to, with no pain in my neck
- I can read as much as I want to, with slight pain in my neck
- I can read as much as I want to, with moderate pain in my neck
- I can't read as much as I want, because of moderate pain in my neck
- I can hardly read at all, because of severe pain in my neck
- I cannot read at all

5. Headaches

- I have no headaches at all
- I have slight 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

6. Concentration

- I can concentrate fully when I want to, with no difficulty
- I can concentrate fully when I want to, with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

7. Work

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



8. Driving

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

9. Sleeping

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

10. Recreation

- I am able to engage in all my recreation activities, with no neck pain at all
- I am able to engage in all my recreation activities, with some neck pain
- I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck
- I am able to engage in few of my recreation activities, because of pain in my neck
- I can hardly do any recreation activities, because of pain in my neck
- I can't do any recreation activities at all