

NECK DISABILITY INDEX (NDI)

Name: _____ Date: _____

Please check the one box in each section that most closely describes your condition

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| Section 1 – Pain Intensity | |
| <input type="checkbox"/> | I have no pain at the moment. |
| <input type="checkbox"/> | The pain is very mild at the moment. |
| <input type="checkbox"/> | The pain is moderate at the moment. |
| <input type="checkbox"/> | The pain is fairly severe at the moment. |
| <input type="checkbox"/> | The pain is very severe at the moment. |
| <input type="checkbox"/> | The pain is the worst imaginable at the moment. |
| Section 2 – Personal Care (Washing, Dressing etc.) | |
| <input type="checkbox"/> | I can look after myself normally without causing extra pain. |
| <input type="checkbox"/> | I can look after myself normally but it causes extra pain. |
| <input type="checkbox"/> | It is painful to look after myself and I am slow and careful. |
| <input type="checkbox"/> | I need some help but manage most of my personal care. |
| <input type="checkbox"/> | I need help everyday in most aspects of self care. |
| <input type="checkbox"/> | I do not get dressed, I wash with difficulty and stay in bed. |
| Section 3 - Lifting | |
| <input type="checkbox"/> | I can lift heavy weights without extra pain. |
| <input type="checkbox"/> | I can lift heavy weights but it gives extra pain. |
| <input type="checkbox"/> | Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table. |
| <input type="checkbox"/> | Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned. |
| <input type="checkbox"/> | I can lift very light weights. |
| <input type="checkbox"/> | I cannot lift or carry anything at all. |
| Section 4 - Reading | |
| <input type="checkbox"/> | I can read as much as I want to with no pain in my neck. |
| <input type="checkbox"/> | I can read as much as I want to with slight pain in my neck. |
| <input type="checkbox"/> | I can read as much as I want to with moderate pain in my neck. |
| <input type="checkbox"/> | I can't read as much as I want because of moderate pain in my neck. |
| <input type="checkbox"/> | I can hardly read at all because of severe pain in my neck. |
| <input type="checkbox"/> | I cannot read at all. |
| Section 5 - Headaches | |
| <input type="checkbox"/> | I have no headaches at all. |
| <input type="checkbox"/> | I have slight headaches which come in-frequently. |
| <input type="checkbox"/> | I have moderate headaches which come in-frequently. |
| <input type="checkbox"/> | I have moderate headaches which come frequently. |
| <input type="checkbox"/> | I have severe headaches which come frequently. |
| <input type="checkbox"/> | I have headaches almost all the time. |
| Section 6 - Concentration | |
| <input type="checkbox"/> | I can concentrate fully when I want to with no difficulty. |
| <input type="checkbox"/> | I can concentrate fully when I want to with slight difficulty. |
| <input type="checkbox"/> | I have a fair degree of difficulty in concentration when I want to. |
| <input type="checkbox"/> | I have a lot of difficulty in concentrating when I want to. |
| <input type="checkbox"/> | I have a great deal of difficulty in concentrating when I want to. |
| <input type="checkbox"/> | I cannot concentrate at all. |

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| Section 7 - Work | |
| | I can do as much work as I want to. |
| | I can only 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. |
| Section 8 - Driving | |
| | I can drive my car without any neck pain. |
| | I can drive my car as long as I want with slight neck pain. |
| | I can drive my car as long as I want with moderate neck pain. |
| | 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. |
| Section 9 - Sleeping | |
| | I have no trouble sleeping. |
| | My sleep is lightly disturbed (less than 1 hour sleepless). |
| | My sleep is mildly disturbed (1-2 hours sleepless). |
| | My sleep is moderately disturbed (2-3 hours sleepless). |
| | My sleep is greatly disturbed (3-5 hours sleepless). |
| | My sleep is completely disturbed (5-7 hours sleepless). |
| Section 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 pain in my neck. |
| | 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 a few of my usual 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. |