

Rocky Mountain Physical Therapy
Neck Disability Index

Please Read: This questionnaire helps us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **please just circle the one choice which closely describes your problem right now.**

SECTION 1—Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is mild at the moment.
- 2 The pain comes and goes and is moderate.
- 3 The pain is moderate and does not vary much.
- 4 The pain is severe but comes and goes.
- 5 The pain is severe and does not vary much.

SECTION 2—Personal Care (Washing, Dressing etc.)

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

SECTION 3—Lifting

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

SECTION 4—Reading

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

SECTION 5—Headache

- 0 I have no headaches at all.
- 1 I have slight headaches which come infrequently.
- 2 I have moderate headaches which come in-frequently.
- 3 I have moderate headaches which come frequently.
- 4 I have severe headaches which 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 pain in my neck.
- 2 I can drive my car as long as I want with moderate pain in my neck.
- 3 I cannot drive my car as long as I want because of moderate pain in my neck.
- 4 I can hardly drive my car at all because of severe pain in my neck.
- 5 I cannot drive my car at all.

SECTION 9—Sleeping

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

SECTION 10—Recreation

- 0 I am able to engage in all recreational activities with no pain in my neck at all.
- 1 I am able to engage in all recreational activities with some pain in my neck.
- 2 I am able to engage in most, but not all recreational activities because of pain in my neck.
- 3 I am able to engage in a few of my usual recreational activities because of pain in my neck.
- 4 I can hardly do any recreational activities because of pain in my neck.
- 5 I cannot do any recreational activities at all.

DATE: _____ **SCORE:** _____ %

PATIENT NAME: _____

ACCOUNT NUMBER: _____