

NECK DISABILITY INDEX (NDI)



Patient Name: _____

Date: _____

This questionnaire is designed to give the health care provider information as to how your neck pain has affected your ability to manage in your every day life. In each section, mark only the ONE box that applies to you. We realize that you consider that two of the statements in any one section relates to you, but just mark the one that most closely describes your problem today.

1 - PAIN INTENSITY

- | | |
|--|--|
| <input type="checkbox"/> I have no pain at the moment | <input type="checkbox"/> The pain is fairly severe at the moment |
| <input type="checkbox"/> The pain is very mild at the moment | <input type="checkbox"/> The pain is very severe at the moment |
| <input type="checkbox"/> The pain is moderate at the moment | <input type="checkbox"/> The pain is the worst pain imaginable at the moment |

2 - PERSONAL CARE (E.G., WASHING, DRESSING, ETC.)

- I can look after myself normally without causing extra pain
- I can look after myself, 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 heavy weights, but it gives me extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (like on a table)
- Pain prevents me from lifting heavy weights, 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

- | | |
|---|--|
| <input type="checkbox"/> I can read as much as I want with no neck pain | <input type="checkbox"/> I can't read as much as I want because of moderate neck pain. |
| <input type="checkbox"/> I can read as much as I want with slight neck pain | <input type="checkbox"/> I can't read as much as I want because of severe neck pain. |
| <input type="checkbox"/> I can read as much as I want with moderate neck pain | <input type="checkbox"/> I cannot read at all |

5 - HEADACHES

- | | |
|---|---|
| <input type="checkbox"/> I have no headaches at all | <input type="checkbox"/> I have moderate headaches that come frequently |
| <input type="checkbox"/> I have slight headaches that come infrequently | <input type="checkbox"/> I have severe headaches that come frequently |
| <input type="checkbox"/> I have moderate headaches that come infrequently | <input type="checkbox"/> I have headaches almost all of the time |

