

PATIENT NAME: _____

DATE: _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. **Please circle the answers below that best apply.**

NECK DISABILITY INDEX

1. **Please rate your overall pain level with activity:** NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN
2. **Pain Intensity**
 - (0) I have no pain at the moment.
 - (1) The pain is very mild at the moment.
 - (2) The pain is moderate at the moment.
 - (3) The pain is fairly severe at the moment.
 - (4) The pain is very severe at the moment.
 - (5) The pain is the worst imaginable at the moment.
3. **Personal Care (washing, dressing, etc.)**
 - (0) I can look after myself normally without 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 cannot get dressed, wash with difficulty, and stay in bed.
4. **Lifting**
 - (0) I can lift heavy weights without extra pain
 - (1) I can lift heavy weights but it gives me extra pain.
 - (2) Pain prevents me from lifting heavy weights off the floor but I can manage if they are on a table.
 - (3) Pain prevents me from lifting heavy weights but I can manage if they are conveniently placed.
 - (4) I can lift only very light weights.
 - (5) I cannot lift or carry anything at all.
5. **Headache**
 - (0) I have no headache at all.
 - (1) I have slight headaches which come infrequently.
 - (2) I have moderate headaches which come infrequently.
 - (3) I have moderate headaches which come frequently.
 - (4) I have severe headaches which come infrequently.
 - (5) I have headaches almost all the time.
6. **Recreation**
 - (0) I am able to engage in all my recreational activities without pain.
 - (1) I am able to engage in my recreational activities with some pain
 - (2) I am able to engage in most but not all of my usual recreational activities because of my neck pain.
 - (3) I am able to engage in a few of my usual recreational activities with some neck pain
 - (4) I can hardly do any recreational activities because of my neck pain
 - (5) I can't do any recreational activities at all.
7. **Reading**
 - (0) I can read as much as I want with no pain in my neck.
 - (1) I can read as much as I want with slight neck pain.
 - (2) I can read as much as I want with moderate neck pain.
 - (3) I can't read as much as I want because of moderate neck pain
 - (4) I can hardly read at all because of severe neck pain.
 - (5) I cannot read at all because of neck pain
8. **Work**
 - (0) I can do as much 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 usual work at all.
 - (5) I can't do any work at all.
9. **Sleeping**
 - (0) Pain does not prevent me from sleeping well.
 - (1) My sleep is slightly disturbed (<1 hr sleep loss).
 - (2) My sleep is mildly disturbed (1-2 hrs sleep loss).
 - (3) My sleep is moderately disturbed (2-3 hrs sleep loss).
 - (4) My sleep is greatly disturbed (3-4 hrs sleep loss).
 - (5) My sleep is completely disturbed (5-7 hrs sleep loss).
10. **Concentration**
 - (0) I can concentrate fully when I want with no difficulty.
 - (1) I can concentrate fully when I want with slight difficulty.
 - (2) I have a fair degree of difficulty concentrating when I want.
 - (3) I have a lot of difficulty concentrating when I want.
 - (4) I have great difficulty concentrating when I want.
 - (5) I cannot concentrate at all.
11. **Driving**
 - (0) I can drive my car without neck pain.
 - (1) I can drive my car as long as I want with slight neck pain.
 - (2) I can drive my car as long as I want with moderate neck pain.
 - (3) I can't drive my car as long as I want because of moderate pain
 - (4) I can hardly drive my car at all because of severe neck pain.
 - (5) I can't drive my car at all.