



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.

Please rate your pain level with activity: 0 1 2 3 4 5 6 7 8 9 10

NECK DISABILITY INDEX-INITIAL/FOLLOW UP VISIT

1. 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.

6. 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 in concentrating when I want.
- 3) I have a lot of difficulty in concentrating when I want.
- 4) I have a great deal of difficulty in concentrating when I want
- 5) I cannot concentrate at all

2. Personal Care

- 0) I can look after myself normally without causing extra pain.
- 1) I can look after myself formally without causing 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.

7. Work

- 0) I can do as much work as I want
- 1) I can only do my usual work but no more
- 2) I can do most 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

3. Lifting

- 0) I can lift heavy weights without extra pain.
- 1) I can lift heavy weights but it gives extra pain.
- 2) Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned.
- 3) Pain prevents me from lifting heavy weights but I can manage light weights if they are conveniently positioned.
- 4) I can lift very light weights.
- 5) I cannot lift or carry anything at all.

8. Driving

- 0) I can drive my car without any 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
- 4) I can hardly drive at all because of severe pain in my neck.
- 5) I cannot drive my car at all

4. 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 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
- 4) I can hardly read at all because of severe pain in my neck.
- 5) I cannot read at all

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 (2-3 hours sleepless)
- 5) My sleep is completely disturbed (5-7 hours sleepless)

5. Headaches

- 0) I have no headaches 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 frequently
- 5) I have headaches almost all the time.

10. Recreation

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