

Neck Disability Index

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **only one box in each section** for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please select the single statement that **most clearly describes your condition**.

Section 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

Section 2: Personal Care (washing, dressing)

- ₀ I can look after myself normally without causing extra pain
- ₁ I can look after myself normally but it causes extra pain
- ₂ It is painful to look after myself, I am slow and careful
- ₃ I need some help but can manage most of my personal care
- ₄ I need help every day in most aspects of self-care
- ₅ I don't get dressed, 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 gives me extra pain
- ₂ Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table)
- ₃ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- ₄ I can only 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 without neck pain
- 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

Section 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

Section 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 to
- ₃ I have a lot of difficulty in concentrating when I want to
- ₄ I have a great degree 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 can't do any work at all

Section 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 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 neck pain
- ₄ I can hardly drive at all because of severe neck pain
- ₅ I can't drive my car at all

Section 9: Sleeping

- ₀ I have no trouble sleeping
- ₁ My sleep is slightly disturbed (<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 my recreation activities with no neck pain at all
- ₁ I am able to engage in all my recreation activities with some neck pain
- ₂ I am able to engage in most, but not all of my usual recreation activities because of neck pain
- ₃ I am able to engage in a few of my usual recreation activities because of neck pain
- ₄ I can hardly do any recreation activities because of neck pain
- ₅ I can't do any recreation activities at all

Patient name:

Date:

NDI:

Visit type (circle one)

Preop

6 week

3 month

6 month

12 month

24 month

Other: _____