

PATIENT NAME: _____ DATE: _____

NECK DISABILITY INDEX

Please select ONE box in each category which MOST ACCURATELY describes your NECK pain. If section does not apply to you, please leave blank.

Section 1 – Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2 – Personal Care

- I can look after myself without causing extra pain
- I can look after myself normally 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, wash with difficulty, and stay in bed

Section 3 – Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it causes extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed (ex. On a table, etc.)
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently placed
- I can lift only very light weights
- I cannot lift or carry anything at all

Section 4 – Reading

- I can read as much as I want with no pain in my neck
- I can read as much as I want with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I cannot read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

Section 5 – Headaches

- I have no headaches at all
- I have slight headaches which come infrequently
- I have moderate headaches which come infrequently
- I have moderate headaches which come frequently
- I have severe headaches which come frequently
- I have headaches almost all the time

Section 6 – Concentration

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

Section 7 – Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I cannot do any work at all

Section 8 – Driving

- I can drive without neck pain
- I can drive as long as I want with slight pain in my neck
- I can drive as long as I want with moderate pain in my neck
- I cannot drive as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I cannot drive my car at all

Section 9 – Sleeping

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

Section 10 – Recreation

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities with some pain in my neck
- I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck
- I have neck pain with most recreational activities
- I can hardly engage in any recreational activities because of pain in my neck
- I cannot engage in any recreational activities at all

TO BE CALCULATED BY COMPLETE HEALTH OF LAWRENCEVILLE	
<p>SCORING: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily living disability.</p> <p>(Score _____ x 2) / (_____ Sections X 10) = _____ %</p>	<p>ADDITIONAL COMMENTS:</p>

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