

Neck Disability Index

This questionnaire has been derived to give the therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1 — Pain Intensity

- I have no pain at the moment. (0)
- The pain is very mild at the moment. (1)
- The pain is moderate at the moment. (2)
- The pain is fairly severe at the moment. (3)
- The pain is very severe at the moment. (4)
- The pain is the worst imaginable at the moment. (5)

Section 2 — Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain. (0)
- I can look after myself normally but it causes extra pain. (1)
- It is painful to look after myself and I am slow and careful. (2)
- I need some help but manage most of my personal care. (3)
- I need help every day in most aspects of self care. (4)
- I do not get dressed, I wash with difficulty and stay in bed. (5)

Section 3 — Lifting

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

Section 4 — Reading

- I can read as much as I want to with no pain in my neck. (0)
- I can read as much as I want to with slight pain in my neck. (1)
- I can read as much as I want with moderate pain in my neck. (2)
- I cannot read as much as I want because of moderate pain in my neck. (3)
- I can hardly read at all because of severe pain in my neck. (4)
- I cannot read at all. (5)

Section 5 — Headaches

- I have no headaches at all. (0)
- I have slight head aches that come infrequently. (1)
- I have moderate headaches which come infrequently. (2)
- I have moderate headaches which come frequently. (3)
- I have severe headaches which come frequently. (4)
- I have headaches almost all the time. (5)

Section 6 — Concentration

- I can concentrate fully when I want to with no difficulty. (0)
- I can concentrate fully when I want to with slight difficulty. (1)
- I have a fair degree of difficulty in concentrating when I want to. (2)
- I have a lot of difficulty in concentrating when I want to. (3)
- I have a great deal of difficulty in concentrating when I want to. (4)
- I cannot concentrate at all. (5)

Section 7 — Work

- I can do as much work as I want to. (0)
- I can do my usual work, but no more. (1)
- I can do most of my usual work, but no more. (2)
- I cannot do my usual work. (3)
- I can hardly do any work at all. (4)
- I cannot do any work at all. (5)

Section 8 — Driving

- I can drive my car without any neck pain. (0)
- I can drive my car as long as I want with slight pain in my neck. (1)
- I can drive my car as long as I want with moderate pain in my neck. (2)
- I cannot drive my car as long as I want because of moderate pain in my neck. (3)
- I can hardly drive at all because of severe pain in my neck. (4)
- I cannot drive my car at all. (5)

Section 9 — Sleeping

- I have no trouble sleeping. (0)
- My sleep is slightly disturbed (less than 1 hr. sleepless). (1)
- My sleep is mildly disturbed (1-2 hrs. sleepless). (2)
- My sleep is moderately disturbed (2-3 hrs. sleepless). (3)
- My sleep is greatly disturbed (3-5 hrs. sleepless). (4)
- My sleep is completely disturbed (5-7 hrs. sleepless). (5)

Section 10 — Recreation

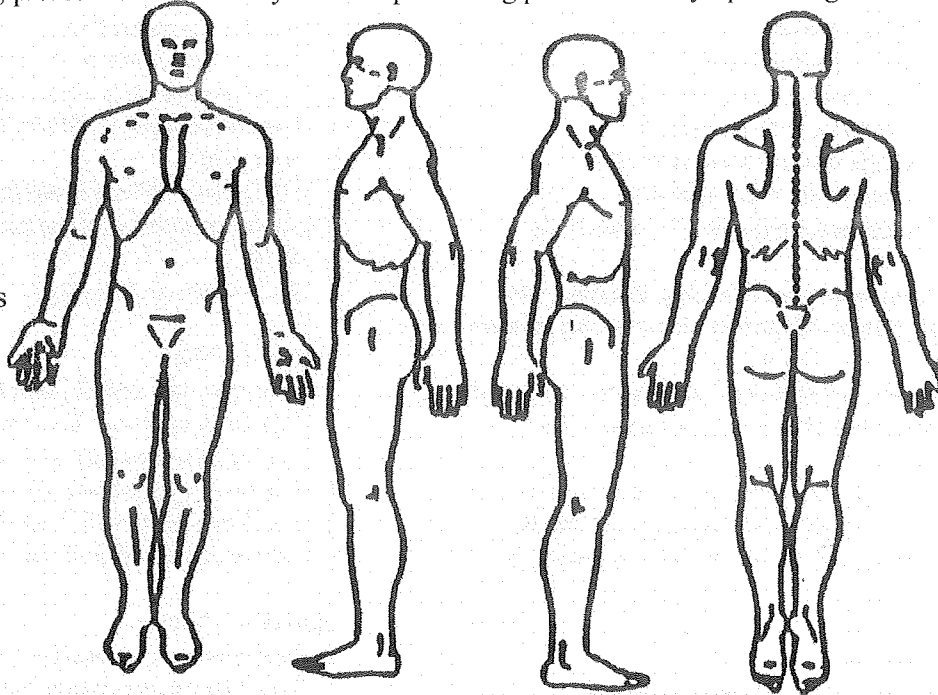
- I am able to engage in all my recreation activities with no neck pain at all. (0)
- I am able to engage in all my recreation activities, with some pain in my neck. (1)
- I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck. (2)
- I am able to engage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

Low Back Pain Assessment Form

NAME: _____ DOB: ____ / ____ / ____ DATE: ____ / ____ / ____

1. On the diagram below, please indicate where you are experiencing pain or other symptoms right now:

- A = ache
- B = burning
- N = numbness
- P = pins & needles
- S = stabbing
- O = other



2. The following represents the intensity of your pain. The left end of the line indicates no pain while the right end represents the worst pain that you can imagine. Please put a slash through the part of the line which best represents your average pain over the last week.

No Pain _____ Worst Pain

3. Please read each word below, and decide whether it describes what your pain has felt last week. If a word doesn't describe your pain, circle 0 (does not apply). If a word does describe your pain, then rate how strong the sensation is from 1 being the mildest to 3 being more severe.

	Does Not Apply	Mild	Moderate	Severe
1. Throbbing	0	1	2	3
2. Shooting	0	1	2	3
3. Stabbing	0	1	2	3
4. Sharp	0	1	2	3
5. Cramping	0	1	2	3
6. Gnawing	0	1	2	3
7. Hot-burning	0	1	2	3
8. Aching	0	1	2	3
9. Heavy	0	1	2	3
10. Tender	0	1	2	3
11. Splitting	0	1	2	3
12. Tiring-exhausting	0	1	2	3
13. Sickening	0	1	2	3
14. Fearful	0	1	2	3
15. Punishing-cruel	0	1	2	3

Please complete other side