

NDI – NECK Questionnaire

This questionnaire has been designed to give your healthcare professional 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 that 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 that **most closely** describes your problem.

Pain

- 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

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, I am slow and careful
- I need some help but manage most of my personal care
- I need help everyday in most aspects of self-care
- I do not get dressed, I wash with difficulty & stay in bed

Lifting

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

Reading

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

Headaches

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

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 concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty concentrating when I want to
- I cannot concentrate at all

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Work

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

Driving

I can drive my car without any neck pain
I can drive my car as long as I want with slight pain in my neck
I can drive my car as long as I want with moderate pain in my neck
I can't drive my car 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 can't drive my car at all

Sleeping

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

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 my usual recreation activities, because of some pain in my neck
I am able to engage in a few of my usual recreation activities because of pain in my neck
I can hardly do any recreation activities because of pain in my neck
I can't do any recreation activities at all

VISUAL ANALOG SCALE

(On a scale of 1-10)

What is the level or intensity of pain you are currently experiencing?

No pain _____ Worst Imaginable pain

To what extent does pain limit your daily activity?

No effect _____ Incapable of activity