



PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

REHABILITATION DEPARTMENT

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Neck Disability Index

Patient name: _____ Date: _____ Score: _____

This questionnaire has been designed to give your therapist information as how your neck pain has affected you in your everyday life activities. Please answer each section, *marking only ONE box which best describes your status today.*

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 (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes me 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, 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 gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I 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 only very light weights.
- I cannot lift or carry anything at all.

Section 4 – Reading

- I can read as much as I want to without 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 pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all because of the pain.

Section 5 – Headache

- I have no headache at all
- I have slight headaches which come occasionally
- I have moderate headaches which come occasionally.
- 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 without 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 as I want to.
- I can only do my usual work but no more.
- I can do some of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I am unable to work at all.

Section 8 – 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 am unable to 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.

Section 9 – Sleeping

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

Section 10 – Recreation

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities with some pain in my neck.
- I am able to engage in most but not all of my usual recreational activities because of pain in my neck.
- I am able to engage in a few of my usual recreational activities because of pain in my neck.
- I can hardly do any recreational activities because of pain in my neck.
- I unable to do any recreational activities at all.

Comments: _____

