

ADVANCE PHYSICAL THERAPY

Neck Disability Index

Patient Name _____ Date _____

- ★ The purpose of this questionnaire is to give the Physical Therapist information as to how much your neck pain has affected your ability to manage your everyday activities.
- ★ Please answer by marking the ONE answer which most CLOSELY applies to you.

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 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; I 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 can manage if they are conveniently positioned, for example, on a table.
- _____ Pain prevents me from lifting heavy weights off the floor, 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.

Section 4 – 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 to, with moderate pain in my neck.
- _____ I can't read as much as I want to, 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 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.

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 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 can't do any 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 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.

Section 9 – SLEEPING

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

Section 10 – RECREATION/SPORTS

- _____ 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 neck pain.
- _____ I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck.
- _____ I am able to engage in few of my recreation activities because of pain in my neck.
- _____ I can hardly do any recreation activities because of pain in my neck.
- _____ I cannot do any recreation activities at all.

Instructions: Please place an X on the line to indicate the amount of neck pain you have had in the past 24 hours. The scale ranges from "No Pain At All" to the "Worst Possible Pain."

_____ No pain at all

_____ Worst possible pain

Staff Use Only:

_____ / 50 = _____ x 100 = _____ % Disability

1. The NDI is scored the same way as the Revised Oswestry Disability Index.
2. Using this system, a score of 10-28% (i.e., 5-14 points) is considered by the authors to constitute mild disability; 30-48% is moderate disability; 50-68% is severe disability; 72% or more is complete disability.