

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

## NECK DISABILITY INDEX QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A. I have no pain at the moment.            B. The pain is very mild at the moment.            C. The pain is moderate at the moment.            D. The pain is fairly severe at the moment.            E. The pain is very severe at the moment.            F. The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration/</i></p> <p>A. I can concentrate fully when I want to with no difficulty.            B. I can concentrate fully when I want to with slight difficulty.            C. I have a fair degree of difficulty in concentrating when I want to.            D. I have a lot of difficulty in concentrating when I want to.            E. I have a great deal of difficulty in concentrating when I want to.            F. I cannot concentrate at all.</p>
<p><i>SECTION 2 -Personal Care (Washing, Dressing, etc.)</i></p> <p>A. I can look after myself normally without causing extra pain.            B. I can look after myself normally, but it causes extra pain.            C. It is painful to look after myself and I am slow and careful.            D. I need some help, but manage most of my personal care.            E. I need help every day in most aspects of self care.            F. I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><i>SECTION 7 - Work</i></p> <p>A. I can do as much work as I want to.            B. I can only do my usual work, but no more.            C. I can do most of my usual work, but no more.            D. I cannot do my usual work.            E. I can hardly do any work at all.            F. I cannot do any work at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A. I can lift heavy weights without extra pain.            B. I can lift heavy weights, but it gives extra pain.            C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.            D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.            E. I can lift very light weights.            F. I cannot lift or carry anything at all.</p>	<p><i>SECTION 8 - Driving</i></p> <p>A. I can drive my car without any neck pain.            B. I can drive my car as long as I want with slight pain in my neck.            C. I can drive my car as long as I want with moderate pain in my neck.            D. I cannot drive my car as long as I want because of moderate pain in my neck.            E. I can hardly drive at all because of severe pain in my neck.            F. I cannot drive my car at all.</p>
<p><i>SECTION 4 - Reading</i></p> <p>A. I can read as much as I want to with no pain in my neck.            B. I can read as much as I want to with slight pain in my neck.            C. I can read as much as I want to with moderate pain in my neck.            D. I cannot read as much as I want because of moderate pain in my neck.            E. I cannot read as much as I want because of severe pain in my neck.            F. I cannot read at all.</p>	<p><i>SECTION 9 - Sleeping</i></p> <p>A. I have no trouble sleeping.            B. My sleep is slightly disturbed (less than 1 hour sleepless).            C. My sleep is mildly disturbed (1-2 hours sleepless).            D. My sleep is moderately disturbed (2-3 hours sleepless).            E. My sleep is greatly disturbed (3-5 hours sleepless).            F. My sleep is completely disturbed (5-7 hours)</p>
<p><i>SECTION 5 - Headaches</i></p> <p>A. I have no headaches at all.            B. I have slight headaches which come infrequently.            C. I have moderate headaches which come infrequently.            D. I have moderate headaches which come frequently.            E. I have severe headaches which come frequently.            F. I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p>A. I am able to engage in all of my recreational activities with no neck pain at all.            B. I am able to engage in all of my recreational activities with some pain in my neck.            C. I am able to engage in most, but not all of my recreational activities because of pain in my neck.            D. I am able to engage in a few of my recreational activities because of pain in my neck.            E. I can hardly do any recreational activities because of pain in my neck.            F. I cannot do any recreational activities at all.</p>

COMMENTS: \_\_\_\_\_

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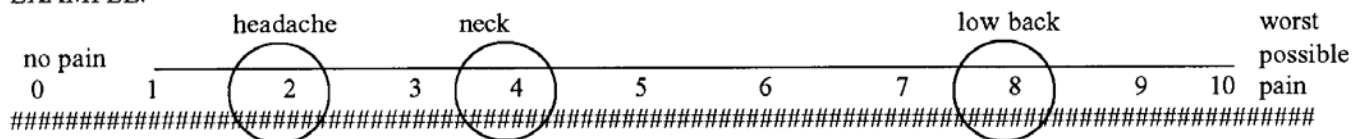
NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

## QUADRUPLE VISUAL ANALOGUE SCALE

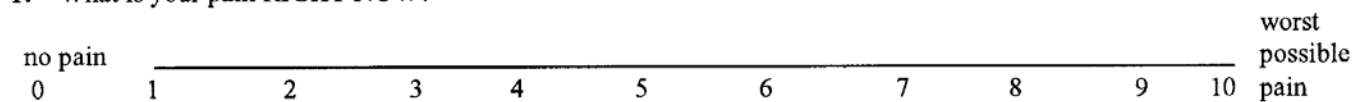
INSTRUCTIONS: Please *circle* the number that best describes the question being asked.

NOTE: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your average pain levels and pain at minimum / maximum using the last \_\_\_\_\_ (Doctor: fill in the desired time interval) as your reference. If you have completed this form before, indicate your average pain level *after* the last time you completed this form (Applies to Question #2.).

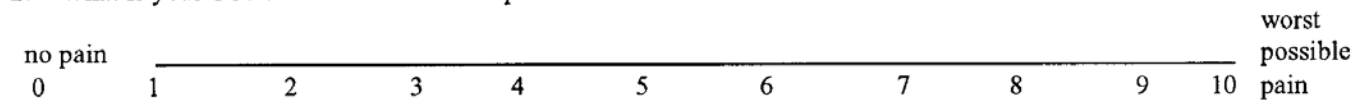
EXAMPLE:



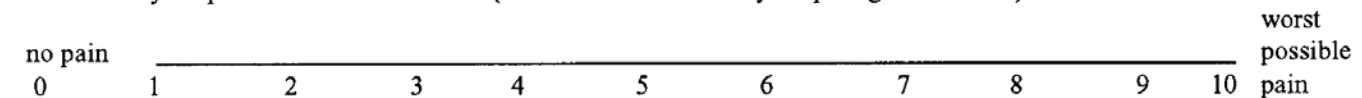
1. What is your pain RIGHT NOW?



2. What is your TYPICAL or AVERAGE pain?

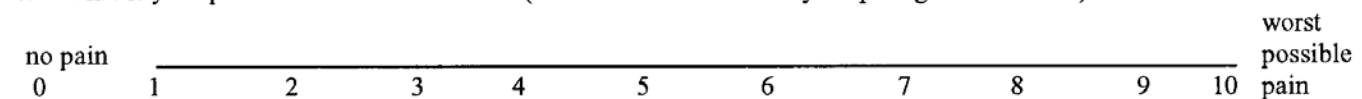


3. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?



What percentage of your awake hours is your pain at its best? \_\_\_\_\_%

4. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?



What percentage of your awake hours is your pain at its worst? \_\_\_\_\_%

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**For Doctor Use Only:**

SCORE: #1 \_\_\_\_\_ + #2 \_\_\_\_\_ + #4 \_\_\_\_\_ = \_\_\_\_\_ / 3 x 10 = \_\_\_\_\_ (Low intensity = <50; High intensity = >50)

TOTAL SCORE \_\_\_\_\_