



PHYSICAL THERAPY Neck Disability Index Patient Questionnaire: NECK

Today's Date: ____ / ____ / ____

Involved side Right Left Both

Injury Date (if known) ____ / ____ / ____ Surgery Date (if applicable) ____ / ____ / ____

Date you return to the physician who sent you to physical therapy ____ / ____ / ____

Occupation _____

Have you been given any restrictions by your physician? (please specify)

Please rate the severity of your pain RIGHT NOW by circling a number below:

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Worse pain imaginable

Please rate the severity of your pain at the worst it has been in the LAST WEEK:

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Worse pain imaginable

What **SPECIFIC** activities do you hope to improve through physical therapy?

Neck Disability Index

The following questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and **circle the number that best describes your condition.**



PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX





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Section 1: Pain Intensity

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

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

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

Section 3: Lifting

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

Section 4: Reading

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

Section 5: Headaches

- 0 I have no headaches at all
- 1 I have slight headaches, which come infrequently
- 2 I have moderate headaches, which come infrequently
- 3 I have moderate headaches, which come frequently
- 4 I have severe headaches, which come frequently
- 5 I have headaches almost all the time



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Section 6: Concentration

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

Section 7: Work

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

Section 8: Driving

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

Section 9: Sleeping

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

Section 10: Recreation

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

Signature of person completing form

Reviewer

Date / Time

Score: _____ = _____ % disability



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