

Neck Disability Index Questionnaire



NEUROSURGICAL ASSOCIATES, LTD.

Patient Name:

Birth Date:

Gender:

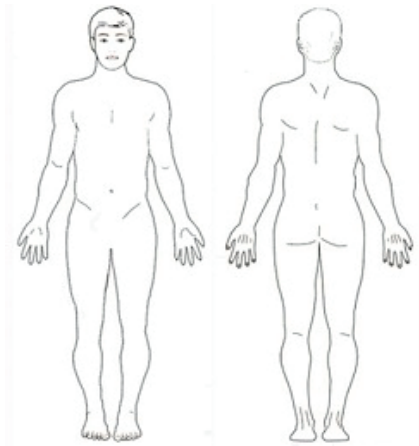
MRN:

Appt Date:

Rendering Provider:

Where is your pain now?

Mark with X's where you have symptoms



How would you describe your pain?

- Aching
- Burning
- Stinging
- Tingling
- Stabbing
- Pressure
- Weakness
- Other

What makes your symptoms worse?

What makes your symptoms better?

Please mark the one box that most closely describes your current condition.

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

- I can look after myself normally without causing additional pain
- I can look after myself normally but it is very painful
- 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 my personal care
- I do not get dressed, I wash with difficulty and I stay in bed

Please continue on other side



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SECTION 3 - LIFTING

- I can lift heavy weights without additional pain
- I can lift heavy weights, but it gives me additional pain
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table
- Pain prevents me from lifting heavy weights off the floor but I can manage light 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, 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, 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 slightly disturbed (less than 1 hr sleepless).
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (3-5 hrs sleepless).
- My sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed (5-6 hrs sleepless).

SECTION 10 - 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 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 the pain in my neck.
- I can't do any recreation activities at all.

Thank you for completing our Neck Disability Index Questionnaire



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