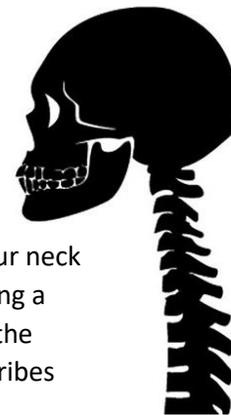


Name _____ Date _____ DOB _____



Neck Pain Disability Index (NDI)

Purpose: This questionnaire has been designed to give your therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every question by placing a mark on the line that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but please mark only the line which most closely describes your current condition.

Did you have surgery for this issue prior to receiving therapy?

- Yes
- No

Pain Score: Over the past 24 hours, how bad has your pain been? (circle one)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Imaginable Pain

<p>1. Pain Intensity</p> <ul style="list-style-type: none"><input type="radio"/> I have no pain at the moment.<input type="radio"/> The pain is very mild at the moment.<input type="radio"/> The pain is moderate at the moment.<input type="radio"/> The pain is fairly severe at the moment.<input type="radio"/> The pain is very severe at the moment.<input type="radio"/> The pain is the worst imaginable at the moment. <p>2. Personal Care (washing, dressing, etc.)</p> <ul style="list-style-type: none"><input type="radio"/> I can look after myself normally without causing extra pain.<input type="radio"/> I can look after myself normally but it causes extra pain.<input type="radio"/> It is painful to look after myself and I am slow and careful.<input type="radio"/> I need some help but manage most aspects of self-care.<input type="radio"/> I need help every day in most aspects of self-care.<input type="radio"/> I do not get dressed. I wash with difficulty and stay in bed.	<p>3. Lifting</p> <ul style="list-style-type: none"><input type="radio"/> I can lift heavy weights without increased pain.<input type="radio"/> I can lift heavy weights, but it causes increased pain.<input type="radio"/> Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table - etc.).<input type="radio"/> Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.<input type="radio"/> I can lift only very light weights.<input type="radio"/> I cannot lift or carry anything at all. <p>4. Reading</p> <ul style="list-style-type: none"><input type="radio"/> I can read as much as I want to with no pain in my neck.<input type="radio"/> I can read as much as I want to with slight pain in my neck.<input type="radio"/> I can read as much as I want with moderate pain in my neck.<input type="radio"/> I can't read as much as I want because of moderate pain in my neck.<input type="radio"/> I can hardly read at all because of severe pain in my neck.<input type="radio"/> I cannot read at all.
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Turn Over

<p>5. Headaches</p> <ul style="list-style-type: none"> <input type="radio"/> I have no headaches at all. <input type="radio"/> I have slight headaches which come infrequently. <input type="radio"/> I have moderate headaches which come infrequently. <input type="radio"/> I have moderate headaches which come frequently. <input type="radio"/> I have severe headaches which come frequently. <input type="radio"/> I have headaches almost all the time. <p>6. Concentration</p> <ul style="list-style-type: none"> <input type="radio"/> I can concentrate fully when I want to with no difficulty. <input type="radio"/> I can concentrate fully when I want to with slight difficulty. <input type="radio"/> I have a fair degree of difficulty in concentrating when I want to. <input type="radio"/> I have a lot of difficulty in concentrating when I want to. <input type="radio"/> I have a great deal of difficulty in concentrating when I want to. <input type="radio"/> I cannot concentrate at all. <p>7. Work</p> <ul style="list-style-type: none"> <input type="radio"/> I can do as much as I want to. <input type="radio"/> I can only do my usual work, but no more. <input type="radio"/> I can do most of my usual work, but no more. <input type="radio"/> I cannot do my usual work. <input type="radio"/> I can hardly do any work at all. <input type="radio"/> I can't do any work at all. 	<p>8. Driving</p> <ul style="list-style-type: none"> <input type="radio"/> I can drive my car without any neck pain. <input type="radio"/> I can drive my car as long as I want with slight pain in my neck. <input type="radio"/> I can drive my car as long as I want with moderate pain in my neck. <input type="radio"/> I can't drive my car as long as I want because of moderate pain in my neck. <input type="radio"/> I can hardly drive at all because of severe pain in my neck. <input type="radio"/> I can't drive my car at all. <p>9. Sleeping</p> <ul style="list-style-type: none"> <input type="radio"/> I have no trouble sleeping. <input type="radio"/> My sleep is slightly disturbed (less than 1 hour sleep loss). <input type="radio"/> My sleep is mildly disturbed (1-2 hour sleep loss). <input type="radio"/> My sleep is moderately disturbed (2-3 hours sleep loss). <input type="radio"/> My sleep is greatly disturbed (3-5 hours sleep loss). <input type="radio"/> My sleep is completely disturbed (5-7 hours sleep loss). <p>10. Recreation</p> <ul style="list-style-type: none"> <input type="radio"/> I am able to engage in all my recreational activities with no neck pain at all. <input type="radio"/> I am able to engage in all my recreational activities with some pain in my neck. <input type="radio"/> I am able to engage in most but not all of my usual recreational activities because of pain in my neck. <input type="radio"/> I am able to engage in a few of my usual recreational activities because of pain in my neck. <input type="radio"/> I can hardly do any recreational activities because of pain in my neck. <input type="radio"/> I can't do any recreational activities at all.
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