



South Bend Orthopaedic Spine Care
Neck Disability Index 2.1

Name : _____ Date: _____

This questionnaire gives us information as to how your neck affects your everyday life. Please answer every section with one answer. Describe your status today.

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

Personal Care

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

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 from lifting heavy weights off the floor, but I can manage if they are on a table
- ③ Pain prevents me from lifting heavy weights but I can manage light to medium weights from a table
- ④ I can lift only very light weights
- ⑤ I cannot lift or carry anything at all

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 neck pain
- ② I can read as much as I want to, with moderate neck pain
- ③ I can't read it as much as I want to, 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

Headaches

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

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

Work

- ⓪ I can do as much work as I want to
- ① I can 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

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

Sleeping

- ⓪ I have no trouble sleeping
- ① My sleep is slightly disturbed (less than 1 hour 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)

Recreation

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

On a scale of 0 to 10, mark the level of NECK PAIN or discomfort, with 0 being none and 10 being unbearable (Mark only one)

None ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst

On a scale of 0 to 10, mark the level of ARM PAIN or discomfort, with 0 being none and 10 being unbearable (Mark only one)

None ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst