

Neck Disability Index¹

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This questionnaire has been designed to give your health professional information as to how your neck pain has affected your ability to manage in everyday life². Please answer every section and mark only the ONE box in each section which applies to you. We realise you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1 – Pain intensity

3

- ☐ 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 (washing, dressing etc.)

3

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☒ 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 self care.
- ☐ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

4

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☒ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Reading

4

- ☐ 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 cannot 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

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- ☐ I have no headaches at all.
- ☐ I have slight headaches, which come infrequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come frequently.
- ☒ I have headaches almost all the time.

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Section 6 – Concentration 4	<input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input checked="" type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all.
Section 7 – Work 3	<input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input checked="" type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all.
Section 8 – Driving 3	<input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. <input checked="" type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. <input type="checkbox"/> I cannot drive my car at all.
Section 9 – Sleeping 4	<input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs sleepless). <input checked="" type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless). <input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless).
Section 10 – Recreation 3	<input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all. <input type="checkbox"/> I am able to engage in all my recreation activities, with some pain in my neck. <input type="checkbox"/> I am able to engage in most, but not all, of my usual recreational activities because of pain in my neck. <input checked="" type="checkbox"/> I am able to engage in a few of my usual recreational activities because of pain in my neck. <input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck. <input type="checkbox"/> I cannot do any recreation activities at all.

Total score: 36 /50

1 State Insurance Regulatory Authority: *Guidelines for the management of acute whiplash-associated disorders – for health professionals*. Sydney: third edition. 2014. Pp.45-46.

2 Vernon, H. and S. Mior, *The Neck Disability Index: a study of reliability and validity*. J Manipulative Physiol Ther, 1991. 14(7): p. 409-15. Fairbank, J., et al., *The Oswestry low back pain disability questionnaire*. Physiotherapy, 1980. 66(8): p. 271-273.