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Neck Disability Index

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage everyday - life activities. Please mark in each section the **one box** that applies o you. Although you may consider that two of the statements in any one section relate to you, please mark the box that **most closely** describes your present - day situation.

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

- 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 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 causing extra pain.
- 1. ☐ I can lift heavy weights, but it gives me extra pain.
- 2. ☐ Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- 3. ☐ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- 4. ☐ I can lift only very light weights.
- 5. ☐ I cannot lift or carry anything at all.

SECTION 4 - Work

- 0. ☐ I can do as much work as I want.
- 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 can't do my usual work.
- 4. ☐ I can hardly do any work at all.
- 5. ☐ I can't do any work at all.

SECTION 5 - Headaches

- 0. ☐ I can do as much work as I want.
- 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 can't do my usual work.
- 4. ☐ I can hardly do any work at all.
- 5. ☐ I can't do any work at all.

SECTION 6 - Concentration

- 0. ☐ I can concentrate fully without difficulty.
- 1. ☐ I can concentrate fully with slight difficulty.
- 2. ☐ I have a fair degree of difficulty concentrating.
- 3. ☐ I have a lot of difficulty concentrating.
- 4. ☐ I have a great deal of difficulty concentrating.
- 5. ☐ I can't concentrate at all.

SECTION 7 - Sleeping

- 0. ☐ I have no trouble sleeping.
- 1. ☐ My sleep is slightly disturbed for less than 1 hours.
- 2. ☐ My sleep is mildly disturbed for up to 1-2 hours.
- 3. ☐ My sleep is moderately disturbed for up to 2-3 hours.
- 4. ☐ My sleep is greatly disturbed for up to 3-5 hours.
- 5. ☐ My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 - Driving

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

SECTION 9 - Reading

- 0. ☐ I can read as much as I want with no neck pain.
- 1. ☐ I can read as much as I want with slight neck pain.
- 2. ☐ I can read as much as I want with moderate neck pain.
- 3. ☐ I can't read as much as I want because of moderate neck pain.
- 4. ☐ I can't read as much as I want because of severe neck pain.
- 5. ☐ I can't read at all.

SECTION 10 - Recreation

- 0. ☐ I have no neck pain during all recreational activities.
- 1. ☐ I have some neck pain with all recreational activities.
- 2. ☐ I have some neck pain with a few recreational activities.
- 3. ☐ I have neck pain with most recreational activities.
- 4. ☐ I can hardly do recreational activities due to neck pain.
- 5. ☐ I can't do any recreational activities due to neck pain.

Patient Name: _____

Date: _____

Score: _____ [50]

Benchmark: -5 = _____