

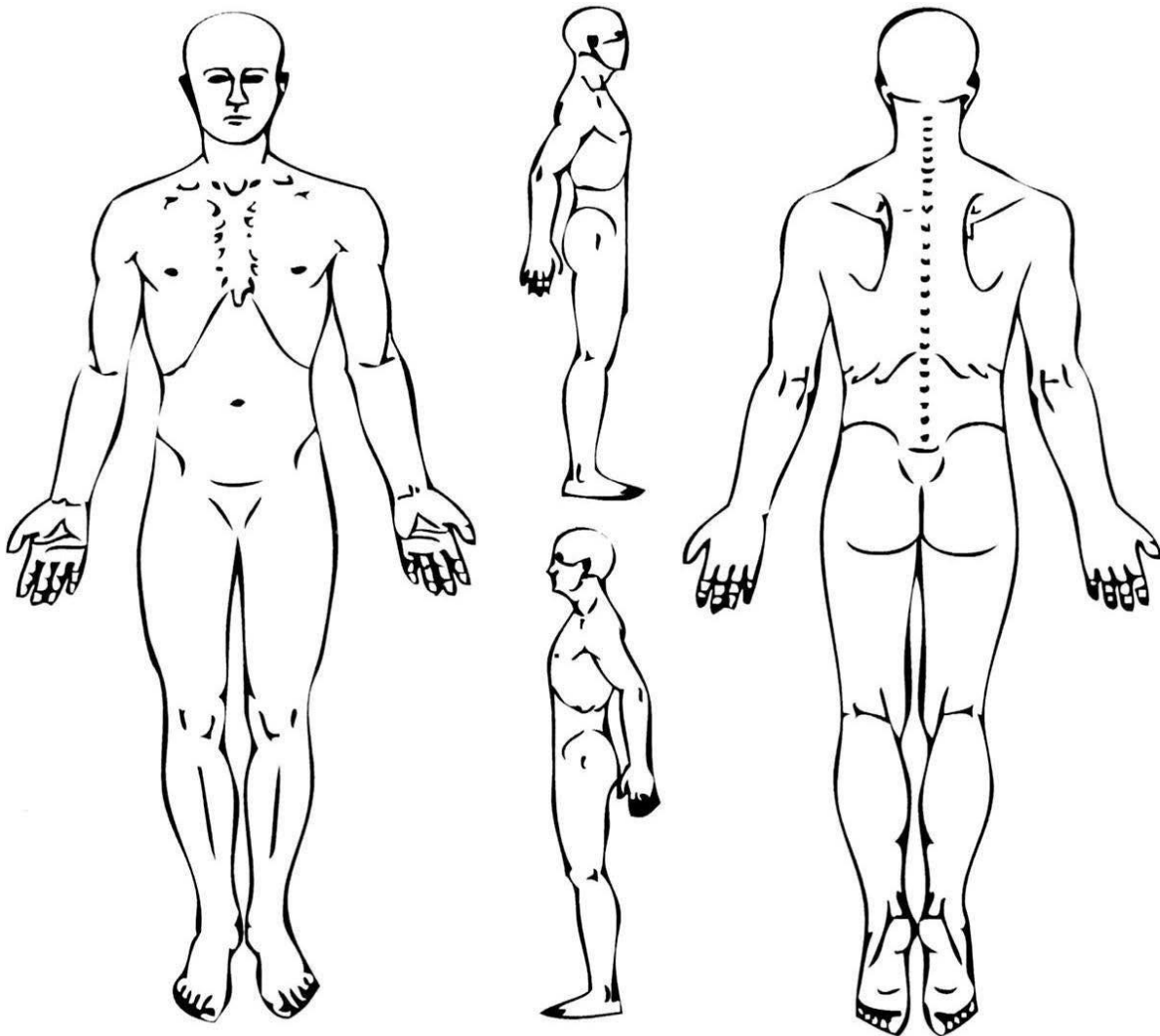
Whatcom Community Physical Therapy, LLC

The Neck Disability Index Questionnaire

| Patient's Full Name | Account Code | Today's Date |
|---------------------|--------------|--------------|
| | | |

| | | | |
|----------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| How long have you had neck pain? | <input type="checkbox"/> Years:_____ | <input type="checkbox"/> Months:_____ | <input type="checkbox"/> Weeks:_____ |
|----------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|

On the diagram below, please indicate where you are experiencing pain, right now.
Please complete both sides of this form.



| | | |
|--------------------|--------------|--------------|
| A = Ache | B = Burning | N = Numbness |
| P = Pins & Needles | S = Stabbing | O = Other |

| Patient's Full Name | Account Code | Today's Date |
|---------------------|--------------|--------------|
| | | |

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 in the one box that best describes your condition today. We realize you may feel that two of the statements may describe your condition.

PLEASE MARK ONLY THE BOX WHICH MOST CLOSELY DESCRIBES YOUR CURRENT CONDITION

PAIN INTENSITY

- I have no pain at the moment.
- The pain is mild at the moment.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain is severe but comes and goes.
- The pain is severe and does not vary much.

PERSONALCARE (Washing, Dressing, etc.)

- I can look after myself 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 self-care.
- I do not get dressed, I wash with difficulty and stay in bed.

LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can 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.

HEADACHE

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

READING

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I cannot read as much as I want because of severe pain in my neck.
- I cannot read at all because of severe pain in my neck.

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 concentration when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty of concentration when I want to.
- I cannot concentrate at all.

WORK

- I can do as much work as I want to.
- I can only 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 cannot do any work at all.

DRIVING

- I can drive my car without 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 cannot drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive my car at all because of severe pain in my neck.
- I cannot drive my car at all.

SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

RECREATION

- I am able to engage in all recreational activities with no pain in my neck at all.
- I am able engage in all recreational activities with some pain in my neck.
- I am able to engage in most, but not all recreational activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in
- I can hardly do any recreational activities because of pain in my neck.
- I cannot do any recreational activities at all.



Patient's Score: ___ Initial or Discharge

