



HOLLAND PHYSICAL
THERAPY

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NECK DISABILITY INDEX QUESTIONNAIRE

Patient Name: _____ Date: _____

PLEASE READ:

This questionnaire has been designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer every section and mark in each section only the ONE box that applies the MOST to you. We realize you may consider that two of the statements in any one section relate to you, but please mark the box which most clearly describes your problem right now. Thank-you!

SECTION 1: PAIN INTENSITY

- _____ I have no pain at the moment
- _____ The pain is mild at the moment
- _____ The pain comes and goes and is moderate
- _____ Pain killers give moderate relief from pain
- _____ Pain killers give very little relief from pain
- _____ Pain killers have no effect on the pain and I do not use them

SECTION 2: PERSONAL CARE (Washing, Dressing, etc)

- _____ 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 self care
- _____ I do not get dressed, wash with difficulty and stay in bed

SECTION 3: LIFTING

- _____ 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, e.g. on a table
- _____ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently placed
- _____ I can lift only very light weights
- _____ I cannot lift or carry anything at all

SECTION 4: WALKING

- _____ Pain does not prevent me walking any distance
- _____ Pain prevents me walking more than 1 mile
- _____ Pain prevents me walking more than 1/2 mile
- _____ Pain prevents me walking more than 1/4 mile
- _____ I can only walk using a cane or crutches
- _____ I am in bed most of the time and have to crawl to the toilet

SECTION 5: SITTING

- _____ I can sit in any chair as long as I like
- _____ I can only sit in my favorite chair as long as I like
- _____ Pain prevents me from sitting more than 1 hour
- _____ Pain prevents me from sitting more than 1/2 hour
- _____ Pain prevents me from sitting more than 10 minutes
- _____ Pain prevents me from sitting at all

SECTION 6: STANDING

- _____ I can stand as long as I want without extra pain
- _____ I can stand as long as I want but it gives me extra pain
- _____ Pain prevents me from standing for more than 1 hour
- _____ Pain prevents me from standing for more than 30 minutes
- _____ Pain prevents me from standing for more than 10 minutes
- _____ Pain prevents me from standing at all

SECTION 7 - SLEEPING

- _____ Pain does not prevent me from sleeping well
- _____ I can sleep well only by using tablets
- _____ Even when I take pills, I have less than six (6) hours sleep
- _____ Even when I take pills, I have less than four (4) hours sleep
- _____ Even when I take pills, I have less than two (2) hours sleep
- _____ Pain prevents me from sleeping at all

SECTION 8: SOCIAL LIFE

- _____ My social life is normal and give me no extra pain
- _____ My social life is normal but increases the degree of pain
- _____ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- _____ Pain has restricted my social life and I do not go out as often
- _____ Pain has restricted my social life to home
- _____ I have no social life because of the pain

SECTION 9: TRAVELING

- _____ I can travel anywhere without extra pain
- _____ I can travel anywhere but it gives me extra pain
- _____ Pain is bad, but I manage journeys over two (2) hours
- _____ Pain restricts me to journeys of less than (1) hour
- _____ Pain restricts me to short necessary journeys under 30 minutes
- _____ Pain prevents me from traveling except to the doctor or hospital

SECTION 10: RECREATION

- _____ I am able to engage in all recreational activities with no pain in my neck at all
- _____ I am able to 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 recreational activities because of pain in my neck.
- _____ I can hardly do any recreational activities because of pain in my neck.
- _____ I cannot do any recreational activities at all.