

## WWS Physical Therapy & Vestibular Rehabilitation Neck Disability Index

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire has been designed to give your physical therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and make only **ONE** box which best applies to you at this moment.

<p><b>SECTION 1-PAIN INTENSITY</b></p> <p><input type="checkbox"/> I have no pain at the moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> The pain is fairly severe at the moment.</p> <p><input type="checkbox"/> The pain is very severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment.</p> <p><b>SECTION 2-PERSONAL CARE (Washing, Dressing, Etc.)</b></p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help every day in most aspects of self-care.</p> <p><input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.</p> <p><b>SECTION 3-LIFTING</b></p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights but it gives me extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can lift very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all because of my neck.</p> <p><b>SECTION 4-READING</b></p> <p><input type="checkbox"/> I can read as much as I want with no pain in my neck.</p> <p><input type="checkbox"/> I can read as much as I want with only slight pain.</p> <p><input type="checkbox"/> I can read as much as I want with moderate pain in my neck.</p> <p><input type="checkbox"/> I can't read as much as I want because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly read at all because of severe pain in my neck.</p> <p><input type="checkbox"/> I cannot read at all because of my neck.</p> <p><b>SECTION 5-HEADACHES</b></p> <p><input type="checkbox"/> I have no headaches at all.</p> <p><input type="checkbox"/> I have slight headaches, which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches, which come infrequently.</p> <p><input type="checkbox"/> I have moderate headaches, which come frequently.</p> <p><input type="checkbox"/> I have severe headaches, which come frequently.</p> <p><input type="checkbox"/> I have headaches almost all the time.</p>	<p><b>SECTION 6-CONCENTRATION</b></p> <p><input type="checkbox"/> I can concentrate fully when I want to with no difficulty.</p> <p><input type="checkbox"/> I can concentrate fully when I want to with slight difficulty.</p> <p><input type="checkbox"/> I have a fair degree of difficulty concentrating when I want to because of my neck.</p> <p><input type="checkbox"/> I have a lot of difficult concentrating when I want because of my neck.</p> <p><input type="checkbox"/> I have a great deal of difficult concentrating when I want to because of my neck.</p> <p><input type="checkbox"/> I cannot concentrate at all because of my neck.</p> <p><b>SECTION 7-WORK</b></p> <p><input type="checkbox"/> I can do as much work as I want to.</p> <p><input type="checkbox"/> I can only do my usual work, but no more.</p> <p><input type="checkbox"/> I can do most of my usual work, but no more.</p> <p><input type="checkbox"/> I cannot do my usual work because of my neck.</p> <p><input type="checkbox"/> I can hardly do any work at all because of my neck.</p> <p><input type="checkbox"/> I can't do any work at all because of my neck.</p> <p><b>SECTION 8-DRIVING</b></p> <p><input type="checkbox"/> I can drive my car without any neck pain.</p> <p><input type="checkbox"/> I can drive my car as long as I want with only slight pain in my neck.</p> <p><input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck.</p> <p><input type="checkbox"/> I can't drive my car as long as I want because of moderate pain in my neck.</p> <p><input type="checkbox"/> I can hardly drive at all because of severe pain in my neck.</p> <p><input type="checkbox"/> I can't drive my car at all.</p> <p><b>SECTION 9-SLEEPING</b></p> <p><input type="checkbox"/> I have no trouble sleeping.</p> <p><input type="checkbox"/> My sleep is slightly disturbed (less than 1hr. sleepless)</p> <p><input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs. sleepless)</p> <p><input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs. sleepless)</p> <p><input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs. sleepless)</p> <p><input type="checkbox"/> My sleep is constantly disturbed (5-7 hrs sleepless)</p> <p><b>SECTION 10-RECREATION</b></p> <p><input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all.</p> <p><input type="checkbox"/> I am able to engage in all my recreation activities with some pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I am able to engage in a few of my usual recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I can hardly do any recreation activities because of pain in my neck.</p> <p><input type="checkbox"/> I can't do any recreation activities at all because of my neck.</p>
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Please mark on the line below the pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

No pain at all \_\_\_\_\_ Worst pain possible

(Score:    x2)/(   Sections x 10) =       % impairment

Nonspecific: MDC = 10.5 points

Mechanical: MDC = 10.2 points or 19.6%