

RED-ROSE CHIROPRACTIC CLINIC, P.S.

12841 NE 85TH STREET • KIRKLAND, WA 98033 • (425) 893-9200 • fax (425) 893-8046

Neck Disability Index

This survey is designed to measure the functional limitations of day to day activities due to any pain in the *Head, Neck, & Shoulders*. Mark only the boxes that apply to you *TODAY*.

Name: _____

Date _____

1.) Pain Intensity:

- 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

2.) Personal Care:

- 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 can 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

3.) Lifting:

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents lifting heavy weights off the floor, but I can manage if they are conveniently placed
- Pain prevents lifting heavy weights, but I can manage light to medium if they are conveniently placed
- I can only lift very light weight
- I cannot lift or carry anything at all

4.) 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 can't 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

5.) Headaches:

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

RED-ROSE CHIROPRACTIC CLINIC, P.S.

12841 NE 85TH STREET • KIRKLAND, WA 98033 • (425) 893-9200 • fax (425) 893-8046

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

7.) Work:

- I can do as much work as I want to
- I can only do my usual work and 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 can't do any work at all

8.) Driving:

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

9.) 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 (3-4 hours sleepless)
- My sleep is completely disturbed (5+ hours sleepless)

10.) Recreation:

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities with some pain in my neck
- I am able to engage in most but not all of my usual recreation activities because of pain in my neck
- I am able to engage in only a few of my usual recreation activities because of pain in my neck
- I can hardly do any reaction activities because of pain in my neck
- I can't do any recreation activities at all

On a scale of 0 to 10 please rate the current level of overall pain related to the neck area:
