Kinected Functional Manual Therapy® and Rehabilitation

NECK DISABILITY INDEX

PATIENT: DATE:

This questionnaire has been designed to give your therapist information as to how your neck pain has affected you in your everyday life activities. Please answer each section, marking only ONE box which best describes your status today.

SECTION 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.

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 me 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 to medium weights if they are conveniently positioned.
_____ I can lift only very light weights.
_____ I cannot lift or carry anything at all.

SECTION 4 – Reading

_____ I can read as much as I want 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 can hardly read at all because of severe pain in my neck.
_____ I cannot read at all.

SECTION 5 – Headache

_____ I have no headache at all.
_____ I have slight headaches which occur infrequently.
_____ I have moderate headaches which occur infrequently.
_____ I have moderate headaches which occur frequently.
_____ I have severe headaches which occur frequently.
_____ I have headaches all the time.

SECTION 6 – Concentration

_____ I can concentrate fully when I want with no difficulty.
_____ I can concentrate fully when I want with slight difficulty.
_____ I have a fair degree of difficulty in concentrating when I want.
_____ I have a lot of difficulty in concentrating when I want.
_____ I have a great deal of difficulty in concentrating when I want.
_____ I cannot concentrate at all.

SECTION 7 – Work

_____ I can do as much work as I want.
_____ 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.

SECTION 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 cannot drive my car as long as I want because of moderate pain in my neck.
_____ I can hardly drive at because of severe pain in my neck.
_____ I cannot drive my car at all.

SECTION 9 – Sleeping

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

SECTION 10 – Recreation

_____ I am able to engage in all my recreational activities with no neck pain at all.
_____ I am able to engage in all my recreational activities with some pain in my neck.
_____ I am able to engage in most, but not all my usual 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.

COMMENTS: