
Neck Pain Disability Questionnaire

Patient _____ Date _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by marking the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST MARK THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

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 (dressing, etc.)

- I can look after myself normally without pain.
- I can look after myself normally but it causes 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.710
- I need help every day in most aspects of self care.
- I do not get dressed, I 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 causes extra pain.
- Pain prevents me from lifting heavy weights off of the floor, but I can manage if conveniently positioned.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights.
- I can lift very light weights.
- I can not lift or carry anything at all.

SECTION 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 to with slight pain in my neck.
- I can read as much as I want to 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 – HEADACHES

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

SECTION 6 – CONCENTRATION

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

SECTION 7 – 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.

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 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, 7-8 hours per night.
- My sleep is mildly disturbed, 6 hours per night.
- My sleep is moderately disturbed, 4 hours per night.
- My sleep is greatly disturbed, 2 hours per night.
- My sleep is completely disturbed.

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 of my recreational activities with some pain in my neck.
- I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- I am able to engage in a few of my recreational activities because of pain in my neck.
- I can hardly do my recreational activities because of pain in my neck.
- I cannot do any recreational activities at all.