FORM C-10 NECK DISABILITY INDEX QUESTIONNAIRE (NDI)

_____ AGE: _____ DATE: _

NAME:

DATE OF INJURY:

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 circling 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 CIRCLE THE ONE CHOICE WICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1 – Pain intensity	SECTION 5 – Headaches
A I have no pain at the moment	A I have no headaches at all
B The pain is very mild at the moment	B I have slight headaches which come infrequently
C The pain is moderate at the moment	C I have moderate headaches which come infrequently
D The pain is fairly severe at the moment	D I have moderate headaches which come frequently
E The pain is very severe at the moment	E I have severe headaches which come frequently
F The pain is the worst imaginable at the moment	F I have headaches almost all the time
SECTION 2 – Personal Care (Washing, Dressing,	SECTION 6 – Concentration
etc.)	A I can concentrate fully when I want to with no difficulty
A I can look after myself normally without	B I can concentrate fully when I want to with slight
causing extra pain	difficulty
B I can look after my self normally, but it causes	C I have a fair degree of difficulty in concentrating when I
extra pain	want to
C It is painful to look after myself and I am slow	D I have a lot of difficulty in concentrating when I want to
and careful	E I have a great deal of difficulty in concentrating when I
D I need some help, but manage most of my	want to
personal care	F I cannot concentrate at all
E I need help every day in most aspects of self	
care	
F I do not get dressed, I wash with difficulty and	
stay in bed	
SECTION 3 – Lifting	SECTION 7 – Work
A I can lift heavy weights without extra pain	A I can do as much work as I want to
B I can lift heavy weights, but it gives extra pain	B I can only do my usual work, but no more
C Pain prevents me from lifting heavy weights off	C I can do most of my usual work, but no more
the floor, but I can manage if they are conveniently	D I cannot do my usual work
positioned, for example, on a table	E I can hardly do any work at all
D Pain prevents me from lifting heavy weights,	F I cannot do any work at all
but I can manage light to medium weights if they	
are conveniently positioned	
E I can lift very light weights	
F I cannot lift or carry anything at all	
SECTION 4 – Reading	SECTION 8 – Driving
A I can read as much as I want to with no pain in	A I can drive my car without any neck pain
my neck	B I can drive my car as long as I want with slight pain in
B I can read as much as I want to with slight pain	my neck
in my neck	C I can drive my car as long as I want with moderate pain
C I can read as much as I want to with moderate	in my neck
pain in my neck	D I cannot drive my car as long as I want because of
D I cannot read as much as I want because of	moderate pain in my neck
moderate pain in my neck	E I can hardly drive at all because of severe pain in my
E I cannot read as much as I want because of	neck
severe pain in my neck	F I cannot drive my car at all

SECTION 9 – Sleeping	SECTION 10 – Recreation
A I have no trouble sleeping	A I am able to engage in all of my recreational activities
B My sleep is slightly disturbed (less than 1 hour	with no neck pain at all
sleepless)	B I am able to engage in all of my recreational activities
C My sleep is mildly disturbed (1-2 hours	with some pain in my neck
sleepless)	C I am able to engage in most, but not all of my
D My sleep is moderately disturbed (2-3 hours	recreational activities because of pain in my neck
sleepless)	D I am bale to engage in a few of my recreational activities
E My sleep is greatly disturbed (3-5 hours	because of pain in my neck
sleepless)	E I can hardly do any recreational activities because of
F My sleep is completely disturbed (5-7 hours	poin in my neck
sleepless	F I cannot do any recreational activities at all
COMMENTS:	1 Teamored any recreational activities at all
COMMENTS:	
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Name	
Name:	
Age:	
Date:	
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From Vernon H. Mior S. The neck Disability Index: A study of reliability and validity. J. Manipulative Physiol Ther 1991;14:409-415

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