

# NORTH TEXAS MEDICAL CENTER NECK DISABILITY INDEX, Page 1 of 2



This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in every day life. Please answer every section and **mark in each section only the one box that applies to you**. We realize you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problems.

### 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 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, I 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 my lifting heavy weights off the floor but I can manage if they are conveniently placed, for example 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 only lift every light weights
- I cannot lift or carry anything.

### 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 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.

### 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 almost all the time.

### Section 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 in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to
- 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 can't 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 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.

### Section 9: Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than one 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 (3-5 hours sleepless)
- My sleep is completely disturbed (5-7 hours sleepless)

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## Section 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 a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all.

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Score: \_\_\_ / 50      Transform to percentage score x 100 = \_\_\_\_\_ % points

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For each section the total possible score is 5. If the first statement is marked, the section score = "0"; if the last statement is marked, the section score = "5". If all ten sections are completed the score is calculated as follows:      Example: 16 (total scored) / 50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

Example: 16 (total scored) / 45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 5 points or 10% points

Approved Forms Committee 12/2012 #TTS1003

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