

## NECK PAIN DISABILITY INDEX QUESTIONNAIRE

**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 WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><b>SECTION 1 - Pain Intensity</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have no pain at the moment</li> <li><input type="radio"/> The pain is very mild at the moment.</li> <li><input type="radio"/> The pain is moderate at the moment.</li> <li><input type="radio"/> The pain is fairly severe at the moment.</li> <li><input type="radio"/> The pain is very severe at the moment.</li> <li><input type="radio"/> The pain is the worst imaginable at the moment.</li> </ul>	<p><b>SECTION 6 - Concentration</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can concentrate fully when I want to with no difficulty.</li> <li><input type="radio"/> I can concentrate fully when I want to with slight difficulty.</li> <li><input type="radio"/> I have a fair degree of difficulty in concentrating when I want to.</li> <li><input type="radio"/> I have a lot of difficulty in concentrating when I want to.</li> <li><input type="radio"/> I have a great deal of difficulty in concentrating when I want to.</li> <li><input type="radio"/> I cannot concentrate at all.</li> </ul>
<p><b>SECTION 2 - Personal Care (Washing, Dressing, etc.)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can look after myself normally without causing extra pain.</li> <li><input type="radio"/> I can look after myself normally, but it causes extra pain.</li> <li><input type="radio"/> It is painful to look after myself and I am slow and careful.</li> <li><input type="radio"/> I need some help, but manage most of my personal care.</li> <li><input type="radio"/> I need help every day in most aspects of self care.</li> <li><input type="radio"/> I do not get dressed, I wash with difficulty and stay in bed.</li> </ul>	<p><b>SECTION 7 - Work</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can do as much work as I want to.</li> <li><input type="radio"/> I can only do my usual work, but no more.</li> <li><input type="radio"/> I can do most of my usual work, but no more.</li> <li><input type="radio"/> I cannot do my usual work.</li> <li><input type="radio"/> I can hardly do any work at all.</li> <li><input type="radio"/> I cannot do any work at all.</li> </ul>
<p><b>SECTION 3 - Lifting</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can lift heavy weights without extra pain.</li> <li><input type="radio"/> I can lift heavy weights, but it gives extra pain.</li> <li><input type="radio"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.</li> <li><input type="radio"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li><input type="radio"/> I can lift very light weights.</li> <li><input type="radio"/> I cannot lift or carry anything at all.</li> </ul>	<p><b>SECTION 8 - Driving</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can drive without any neck pain.</li> <li><input type="radio"/> I can drive as long as I want with slight pain in my neck.</li> <li><input type="radio"/> I can drive as long as I want with moderate pain in my neck.</li> <li><input type="radio"/> I cannot drive as long as I want because of moderate pain in my neck.</li> <li><input type="radio"/> I can hardly drive at all because of severe pain in my neck.</li> <li><input type="radio"/> I cannot drive my car at all.</li> </ul>
<p><b>SECTION 4 - Reading</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can read as much as I want to with no pain in my neck.</li> <li><input type="radio"/> I can read as much as I want to with slight pain in my neck.</li> <li><input type="radio"/> I can read as much as I want to with moderate pain in my neck.</li> <li><input type="radio"/> I cannot read as much as I want because of moderate pain in my neck.</li> <li><input type="radio"/> I can hardly read at all because of severe pain in my neck.</li> <li><input type="radio"/> I cannot read at all.</li> </ul>	<p><b>SECTION 9 - Sleeping</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have no trouble sleeping.</li> <li><input type="radio"/> My sleep is slightly disturbed (less than 1 hour sleepless).</li> <li><input type="radio"/> My sleep is mildly disturbed (1-2 hours sleepless).</li> <li><input type="radio"/> My sleep is moderately disturbed (2-3 hours sleepless).</li> <li><input type="radio"/> My sleep is greatly disturbed (3-5 hours sleepless).</li> <li><input type="radio"/> My sleep is completely disturbed (5-7 hours)</li> </ul>
<p><b>SECTION 5 - Headaches</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have no headaches at all.</li> <li><input type="radio"/> I have slight headaches which come infrequently.</li> <li><input type="radio"/> I have moderate headaches which come infrequently.</li> <li><input type="radio"/> I have moderate headaches which come frequently.</li> <li><input type="radio"/> I have severe headaches which come frequently.</li> <li><input type="radio"/> I have headaches almost all the time.</li> </ul>	<p><b>SECTION 10 - Recreation</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I am able to engage in all of my recreational activities with no neck pain at all.</li> <li><input type="radio"/> I am able to engage in all of my recreational activities with some pain in my neck.</li> <li><input type="radio"/> I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.</li> <li><input type="radio"/> I have neck pain with most recreational activities.</li> <li><input type="radio"/> I can hardly do any recreational activities because of pain in my neck.</li> <li><input type="radio"/> I cannot do any recreational activities at all.</li> </ul>

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_

## Back PAIN DISABILITY INDEX QUESTIONNAIRE

*PLEASE READ:* This questionnaire is designed to enable us to understand how much your back 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 WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

<p><b>Section 1: Pain Intensity</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> The pain comes and goes and is very mild.</li> <li><input type="radio"/> The pain is mild and does not vary much.</li> <li><input type="radio"/> The pain is moderate and comes and goes.</li> <li><input type="radio"/> The pain is moderate and does not vary much.</li> <li><input type="radio"/> The pain comes and goes and is very severe.</li> <li><input type="radio"/> The pain is severe and does not vary much.</li> </ul>	<p><b>Section 6: Standing</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can stand as long as I want without pain.</li> <li><input type="radio"/> I have some pain while standing, but it does not increase with time.</li> <li><input type="radio"/> I cannot stand for longer than one hour without increasing pain.</li> <li><input type="radio"/> I cannot stand for longer than 1/2 hour without increasing pain.</li> <li><input type="radio"/> I cannot stand for longer than 10 minutes without increasing pain.</li> <li><input type="radio"/> Pain prevents me from standing at all.</li> </ul>
<p><b>Section 2: Personal Care</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I would not have to change my way of washing or dressing in order to avoid pain.</li> <li><input type="radio"/> I do not normally change my way of washing or dressing even though it causes some pain.</li> <li><input type="radio"/> Washing and dressing increases the pain, but I manage not to change my way of doing it.</li> <li><input type="radio"/> Washing and dressing increases the pain and I find it necessary to change my way of doing it.</li> <li><input type="radio"/> Because of the pain, I am unable to do some washing and dressing without help.</li> <li><input type="radio"/> Because of the pain, I am unable to do any washing and dressing without help.</li> </ul>	<p><b>Section 7: Sleeping</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I get no pain in bed.</li> <li><input type="radio"/> I get pain in bed, but it does not prevent me from sleeping well.</li> <li><input type="radio"/> Because of pain, my normal night's sleep is reduced by less than 1/4.</li> <li><input type="radio"/> Because of pain, my normal night's sleep is reduced by less than 1/2.</li> <li><input type="radio"/> Because of pain, my normal night's sleep is reduced by less than 3/4.</li> <li><input type="radio"/> Pain prevents me from sleeping at all.</li> </ul>
<p><b>Section 3: Lifting</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can lift heavy weights without extra pain.</li> <li><input type="radio"/> I can lift heavy weights, but it causes extra pain.</li> <li><input type="radio"/> Pain prevents me from lifting heavy weights off the floor.</li> <li><input type="radio"/> Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table).</li> <li><input type="radio"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</li> <li><input type="radio"/> I can only lift very light weights at the most</li> </ul>	<p><b>Section 8: Social Life</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> My social life is normal and gives me no pain.</li> <li><input type="radio"/> My social life is normal, but increases the degree of my pain.</li> <li><input type="radio"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.</li> <li><input type="radio"/> Pain has restricted my social life and I do not go out very often.</li> <li><input type="radio"/> Pain has restricted my social life to my home.</li> <li><input type="radio"/> I have hardly any social life because of the pain.</li> </ul>
<p><b>Section 4: Walking*</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have no pain on walking.</li> <li><input type="radio"/> Pain prevents me from walking more than one mile.</li> <li><input type="radio"/> Pain prevents me from walking more than 1/2 mile.</li> <li><input type="radio"/> Pain prevents me from walking more than 1/4 mile.</li> <li><input type="radio"/> I can only walk using a cane or crutches.</li> <li><input type="radio"/> I am in bed most of the time and have to crawl to the toilet.</li> </ul>	<p><b>Section 9: Traveling</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I get no pain while travelling.</li> <li><input type="radio"/> I get some pain while travelling, but none of my usual forms of travel makes it any worse.</li> <li><input type="radio"/> I get extra pain while travelling, but it does not compel me to seek alternative forms of travel.</li> <li><input type="radio"/> I get extra pain while travelling, which compels me to seek alternative forms of travel.</li> <li><input type="radio"/> Pain restricts all forms of travel.</li> <li><input type="radio"/> Pain prevents all forms of travel except that done lying down</li> </ul>
<p><b>Section 5: Sitting</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I can sit in any chair as long as I like.</li> <li><input type="radio"/> I can only sit in my favorite chair as long as I like.</li> <li><input type="radio"/> Pain prevents me from sitting more than one hour.</li> <li><input type="radio"/> Pain prevents me from sitting more than 1/2 hour.</li> <li><input type="radio"/> Pain prevents me from sitting more 10 minutes.</li> <li><input type="radio"/> Pain prevents me from sitting at all.</li> </ul>	<p><b>Section 10: Changing Degree of Pain</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> My pain is rapidly getting better.</li> <li><input type="radio"/> My pain fluctuates, but is definitively getting better.</li> <li><input type="radio"/> My pain seems to be getting better, but improvement is slow at present.</li> <li><input type="radio"/> My pain is neither getting better nor worse.</li> <li><input type="radio"/> My pain is gradually worsening.</li> <li><input type="radio"/> My pain is rapidly worsening.</li> </ul>

**COMMENTS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_