

OCS Rehab: Neck Disability Index

Patient Name: _____

Date: _____

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY DESCRIBES YOUR PRESENT -DAY SITUATION**.

<p>SECTION 1 - PAIN INTENSITY</p> <ul style="list-style-type: none"> <input type="radio"/> I have no pain at the moment. <input type="radio"/> The pain is very mild at the moment. <input type="radio"/> The pain is moderate at the moment. <input type="radio"/> The pain is fairly severe at the moment. <input type="radio"/> The pain is very severe at the moment. <input type="radio"/> The pain is the worst imaginable at the moment. 	<p>SECTION 6 – CONCENTRATION</p> <ul style="list-style-type: none"> <input type="radio"/> I can concentrate fully without difficulty. <input type="radio"/> I can concentrate fully with slight difficulty. <input type="radio"/> I have a fair degree of difficulty concentrating. <input type="radio"/> I have a lot of difficulty concentrating. <input type="radio"/> I have a great deal of difficulty concentrating. <input type="radio"/> I can't concentrate at all.
<p>SECTION 2 - PERSONAL CARE</p> <ul style="list-style-type: none"> <input type="radio"/> I can look after myself normally without causing extra pain. <input type="radio"/> I can look after myself normally, but it causes extra pain. <input type="radio"/> It is painful to look after myself, and I am slow and careful. <input type="radio"/> I need some help but manage most of my personal care. <input type="radio"/> I need help every day in most aspects of self -care. <input type="radio"/> I do not get dressed. I wash with difficulty and stay in bed. 	<p>SECTION 7 – SLEEPING</p> <ul style="list-style-type: none"> <input type="radio"/> I have no trouble sleeping. <input type="radio"/> My sleep is slightly disturbed for less than 1 hour. <input type="radio"/> My sleep is mildly disturbed for up to 1-2 hours. <input type="radio"/> My sleep is moderately disturbed for up to 2-3 hours. <input type="radio"/> My sleep is greatly disturbed for up to 3-5 hours. <input type="radio"/> My sleep is completely disturbed for up to 5-7 hours.
<p>SECTION 3 – LIFTING</p> <ul style="list-style-type: none"> <input type="radio"/> I can lift heavy weights without causing extra pain. <input type="radio"/> I can lift heavy weights, but it gives me extra pain. <input type="radio"/> Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table. <input type="radio"/> Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned. <input type="radio"/> I can lift only very light weights. <input type="radio"/> I cannot lift or carry anything at all. 	<p>SECTION 8 – DRIVING</p> <ul style="list-style-type: none"> <input type="radio"/> I can drive my car without neck pain. <input type="radio"/> I can drive as long as I want with slight neck pain. <input type="radio"/> I can drive as long as I want with moderate neck pain. <input type="radio"/> I can't drive as long as I want because of moderate neck pain. <input type="radio"/> I can hardly drive at all because of severe neck pain. <input type="radio"/> I can't drive my care at all because of neck pain.
<p>SECTION 4 – WORK</p> <ul style="list-style-type: none"> <input type="radio"/> I can do as much work as I want. <input type="radio"/> I can only do my usual work, but no more. <input type="radio"/> I can do most of my usual work, but no more. <input type="radio"/> I can't do my usual work. <input type="radio"/> I can hardly do any work at all. <input type="radio"/> I can't do any work at all. 	<p>SECTION 9 – READING</p> <ul style="list-style-type: none"> <input type="radio"/> I can read as much as I want with no neck pain. <input type="radio"/> I can read as much as I want with slight neck pain. <input type="radio"/> I can read as much as I want with moderate neck pain. <input type="radio"/> I can't read as much as I want because of moderate neck pain. <input type="radio"/> I can't read as much as I want because of severe neck pain. <input type="radio"/> I can't read at all.
<p>SECTION 5 – HEADACHES</p> <ul style="list-style-type: none"> <input type="radio"/> I have no headaches at all. <input type="radio"/> I have slight headaches that come infrequently. <input type="radio"/> I have moderate headaches that come infrequently. <input type="radio"/> I have moderate headaches that come frequently. <input type="radio"/> I have severe headaches that come frequently. <input type="radio"/> I have headaches almost all the time. 	<p>SECTION 10 – RECREATION</p> <ul style="list-style-type: none"> <input type="radio"/> I have no neck pain during all recreational activities. <input type="radio"/> I have some neck pain with all recreational activities. <input type="radio"/> I have some neck pain with a few recreational activities. <input type="radio"/> I have neck pain with most recreational activities. <input type="radio"/> I can hardly do recreational activities due to neck pain. <input type="radio"/> I can't do any recreational activities due to neck pain.