Pow-Her Chiropractic		Neck Disability Index
Patient name:	Signature:	Date:
This questionnaire has been designed to give affected your ability to manage in everyday section only ONE box which applies to you in any one section relate to you, but please your problem.	life. Please aı u. We realize <u>y</u>	nswer every section and mark in each you may consider that two of the statements
Section 1 – Pain Intensity I have no pain at the moment. The pain is mild at the moment. The pain comes and goes and is moderate. The pain is moderate and does not vary much. The pain is severe but comes and goes. The pain is severe and does not vary much.		etion 6 – Concentration can concentrate fully when I want to with no difficulty. can concentrate fully when I want to with slight difficulty. can concentrate fully when I want to with slight difficulty. can concentrating when I want to enave a lot of difficulty in concentrating when I want to enave a great deal of difficulty in concentrating when I want
Section 2 – Personal Care (Washing, Dressing, et la can look after myself 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 manage most of my personal careful I need help every day in most aspects of self care. I do not get dressed, I wash with difficulty and stay in be	tc.)	cannot concentrate at all. ction 7 – Work can do as much work as I want to. can only do my usual work, but no more. can do most of my usual work, but no more. cannot do my usual work. can hardly do any work at all. cannot do any work at all.
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 the floor can if they are conveniently positioned, for example on a tall Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. I can lift very light weights. I cannot lift or carry anything at all. Section 4 – Reading	but I	can drive my car as long as I want with moderate pain in neck. cannot drive my car as long as I want because of moderate in my neck. can hardly drive my car at all because of severe pain in my
☐ 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 ne ☐ I can read as much as I want with moderate pain in my I ☐ I cannot read as much as I want because of moderate p in my neck. ☐ I cannot read as much as I want because of severe pain my neck. ☐ I cannot read at all.		etion 9 – Sleeping have no trouble sleeping. It is sleep is slightly disturbed (less than 1 hr. sleepless). It is sleep is mildly disturbed (1-2 hours sleepless). It is sleep is moderately disturbed (2-3 hours sleepless). It is sleep is greatly disturbed (3-5 hrs. sleepless). It is sleep is completely disturbed (5-7 hrs. sleepless).

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 10 Recreation □ I am able engage in all recreational activities with no pain in my neck at all.
- ☐ I am able engage in all recreational activities with some pain in my neck.
- □ I am able engage in most, but not all recreational activities because of pain in my neck.
- □ I am able engage in a few of my usual recreational activities because of pain in my neck.
- ☐ I can hardly do any recreational activities because of pain in my neck.
- ☐ I cannot do any recreation activities at all.