

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

GW#: \_\_\_\_\_

**Modified Neck Disability Index v1.1\***

To be completed BY THE PATIENT

Date Completed: \_\_\_\_\_

**DIRECTIONS:** Answer every question by clicking on the correct circle or enter the requested information.

Score: \_\_\_\_\_

If you are unsure about how to answer a question, please give the best answer you can.

Mark only one answer for each question, unless otherwise instructed.

Overall %: \_\_\_\_\_

**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.

**2. Personal Care**

- 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 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 and stay in bed.

**3. Lifting**

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, 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 lift very light weights.
- I cannot lift or carry anything at all.

**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 to 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.

**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.

**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.

**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.

**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.

**9. Sleeping**

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 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).

**10. Recreation**

- I am able to engage in all my recreation activities with no 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 recreational activities because of the pain in my neck.
- I can't do any recreational activities at all.

\* Reproduced from Vernon H. Mior S.  
The Neck Disability Index: A study of reliability and validity.  
Journal of Manipulative and Physiological Therapeutics 1991, 14. -409-4:5.

**Visual Analog Pain Scale**

**Neck Pain:**

How severe is your neck pain today?

Please fill in the box below the line to indicate how bad you feel your neck pain is today.

No Pain																			Intolerable
	<input type="checkbox"/>																		

**Arm Pain:**

How severe is your arm pain today?

Please fill in the box below the line to indicate how bad you feel your arm pain is today.

No Pain																			Intolerable
	<input type="checkbox"/>																		

**If you had to spend the rest of your life with your neck condition as it is NOW, how would you feel?**

- Extremely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Undecided
- Somewhat Dissatisfied
- Very Dissatisfied
- Extremely Dissatisfied