

NECK PAIN DISABILITY INDEX (NPDI)

Patient Name: _____ Today's Date _____

Activities of Daily Living Assessment

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the number which MOST CLOSELY describes your problem.**

SECTION 1-PAIN INTENSITY

- 0__ I have no pain at the moment.
- 1__ The pain is very mild at the moment.
- 2__ The pain is moderate at the moment.
- 3__ The pain is fairly severe at the moment.
- 4__ The pain is very severe at the moment.
- 5__ The pain is the worse imaginable at the moment.

SECTION 2-PERSONAL CARE

- 0__ I can look after myself normally, w/out causing extra pain.
- 1__ I can look after myself normally, but it causes extra pain.
- 2__ It is painful to look after myself, and I am slow and careful.
- 3__ I need some help but manage most of my personal care.
- 4__ I need help everyday in most aspects of self-care.
- 5__ I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3-LIFTING

- 0__ I can lift heavy weights w/out causing extra pain.
- 1__ I can lift heavy weights, but it gives me extra pain.
- 2__ Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, ie. on a table.
- 3__ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- 4__ I can lift only very light weights.
- 5__ I cannot lift or carry anything at all.

SECTION 4-READING

- 0__ I can read as much as I want with no neck pain.
- 1__ I can read as much as I want with slight neck pain.
- 2__ I can read as much as I want with moderate neck pain.
- 3__ I can't read as much as I want b/c of moderate neck pain.
- 4__ I can hardly read at all b/c of severe neck pain.
- 5__ I cannot read at all b/c of severe neck pain.

SECTION 5-HEADACHES

- 0__ I have no headaches at all.
- 1__ I have slight headaches that come infrequently.
- 2__ I have moderate headaches that come infrequently.
- 3__ I have moderate headaches that come frequently.
- 4__ I have severe headaches that come infrequently.
- 5__ I have severe headaches that come frequently.
- 6__ I have headaches all the time.

SECTION 6-CONCENTRATION

- 0__ I can concentrate fully with no difficulty.
- 1__ I can concentrate fully with slight difficulty.
- 2__ I have moderate degree of difficulty in concentrating.
- 3__ I have a great deal of difficulty in concentrating.
- 4__ I cannot concentrate at all.

SECTION 7-WORK

- 0__ I can do as much work as I want.
- 1__ I can only do my usual work, but no more.
- 2__ I can do most of my usual work, but no more.
- 3__ I cannot do my usual work.
- 4__ I can hardly do any work at all.
- 5__ I can't do any work at all.

SECTION 8-DRIVING

- 0__ I can drive my car w/out any neck pain.
- 1__ I can drive my car as long as I want with slight neck pain.
- 2__ I can drive my car as long as I want with moderate neck pain.
- 3__ I can't drive my car as long as I want b/c of neck pain.
- 4__ I can hardly drive at all b/c of severe neck pain.
- 5__ I can't drive my car at all b/c of my neck pain.

SECTION 9-SLEEPING

- 0__ I have no trouble sleeping.
- 1__ My sleep is slightly disturbed for up to 1-2 hours.
- 2__ My sleep is mildly disturbed for up to 1-2 hours.
- 3__ My sleep is moderately disturbed for up to 2-3 hours.
- 4__ My sleep is greatly disturbed for up to 3-5 hours.
- 5__ My sleep is completely disturbed for up to 5-7 hours.

SECTION 10-RECREATION

- 0__ I have no neck pain during all recreational activities.
- 1__ I have some neck pain w/ a few recreational activities.
- 2__ I have neck pain w/ most recreational activities.
- 3__ I have some neck pain w/ all recreational activities.
- 4__ I can hardly do recreational activities due to neck pain.
- 5__ I can't do any recreational activities due to neck pain.

Score _____ (50)

Today's Date: _____ Signature: _____

Pain Scale: **Rate the severity of neck pain by circling one of the following numbers on the following scale.**

0 1 2 3 4 5 6 7 8 9 10

(NO PAIN)

(UNBEARABLE PAIN)