



**NECK DISABILITY INDEX – VERNON AND MINOR CERVICAL SPINE
 QUESTIONNAIRE**

Patient Name: _____ **Date:** _____

This questionnaire has been designed to give your Physician information as to how your neck pain has affected your ability to manage everyday life. Please answer every question by placing a mark in the box that best describes your condition today.
 During the past 4 weeks...

Section 1 – Pain Intensity <input type="checkbox"/> I have not pain at the moment <input type="checkbox"/> The pain is very mild at the moment <input type="checkbox"/> The pain is moderate at the moment <input type="checkbox"/> The pain is fairly severe at the moment <input type="checkbox"/> The pain is very severe at the moment <input type="checkbox"/> The pain is the worst imaginable at the moment	Section 6 – Standing <input type="checkbox"/> I can stand as long as I want without extra pain <input type="checkbox"/> I can stand as long as I want but it extra my pain <input type="checkbox"/> Pain prevents me from standing for more than 1 hour <input type="checkbox"/> Pain prevents me from standing for more than ½ an hour <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes <input type="checkbox"/> Pain prevents me from standing at all
Section 2 – Personal Care (Washing, Dressing) <input type="checkbox"/> I can look after myself normally without causing extra pain <input type="checkbox"/> I can look after myself normally but it is very painful <input type="checkbox"/> It is painful to look after myself and I am slow and careful <input type="checkbox"/> I need some help but manage most of my personal care <input type="checkbox"/> I need help every day in most aspects of self care <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed	Section 7 – Sleeping <input type="checkbox"/> My sleep is never disturbed by pain <input type="checkbox"/> My sleep is occasionally disturbed by pain <input type="checkbox"/> Because of pain I have less than 6 hours sleep <input type="checkbox"/> Because of pain I have less than 4 hours sleep <input type="checkbox"/> Because of pain I have less than 2 hours of sleep <input type="checkbox"/> Pain prevents me from sleeping at all
Section 3 – Lifting <input type="checkbox"/> I can lift heavy weights without extra pain <input type="checkbox"/> I can lift heavy weights but it gives extra pain <input type="checkbox"/> Pain prevents me form lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (e.g. on a table) <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage lift to medium weights if they are conveniently positioned <input type="checkbox"/> I can lift only very light weights <input type="checkbox"/> I cannot lift or carry anything at all	Section 8 – Sex Life (if applicable) <input type="checkbox"/> My sex life is normal and causes no extra pain <input type="checkbox"/> My sex life is normal but causes some extra pain <input type="checkbox"/> My sex life is nearly normal but is very painful <input type="checkbox"/> My sex life is severely restricted by pain <input type="checkbox"/> My sex life is nearly absent because of pain <input type="checkbox"/> Pain prevents any sex life at all
Section 4 – Walking <input type="checkbox"/> Pain does not prevent me from walking any distance <input type="checkbox"/> Pain prevents me from walking more than 1 mile (1 mile – 1.6 km) <input type="checkbox"/> Pain prevents me from walking more than ¼ mile <input type="checkbox"/> Pain prevents me from walking more than 100 yards <input type="checkbox"/> I can walk only with crutches or a stick <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet	Section 9 – Social Life <input type="checkbox"/> My social life is normal and causes me no extra pain <input type="checkbox"/> My social life is normal, but increases the degree of pain <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. sports, dancing) <input type="checkbox"/> Pain has restricted my social life and I do not go out as often <input type="checkbox"/> Pain has restricted my social life to my home <input type="checkbox"/> I have no social life because of my pain
Section 5 – Sitting <input type="checkbox"/> I can sit in any chair as long as I like <input type="checkbox"/> I can sit in my favorite chair for as long as I like <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour <input type="checkbox"/> Pain prevents me from sitting for more than ½ an hour <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes <input type="checkbox"/> Pain prevents me from sitting at all	Section 10 – Traveling <input type="checkbox"/> I can travel anywhere without pain <input type="checkbox"/> I can travel anywhere, but it gives extra pain <input type="checkbox"/> Pain is bed but I manage journeys of over 2 hours <input type="checkbox"/> Pain restricts me to journeys of less than 1 hour <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes <input type="checkbox"/> Pain prevents me from traveling except to receive treatment