

Modified Neck Disability Index (mNDI)

Section 1: To be completed by Primary Clinician

Clinic Name: _____

Primary Clinician: _____

Section 2: To be completed by patient

Name: _____

Date: _____

Phone Number: _____

Email: _____

Instruction:

This questionnaire has been designed to give your therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every question by placing a circle around the number on the line that best describes your condition in the last 7 days. We realize you may feel that two of the statements may describe your condition, but **please mark only the line which most closely describes your condition.**

Questions:

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 worst imaginable at the moment.

Personal Care (Washing, Dressing, etc.)

0. I do not have to change the way I wash and dress myself to avoid pain.
1. I do not normally change the way I wash or dress myself even though it causes some pain.
2. Washing and dressing increases my pain, but I can do it without changing my way of doing it.
3. Washing and dressing increases my pain, and I find it necessary to change the way I do it.
4. Because of my pain I am partially unable to wash and dress without help.
5. Because of my pain I am completely unable to wash or dress without help.

Lifting

0. I can lift heavy weights without increased pain.
1. I can lift heavy weights but it causes increased pain
2. Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
3. Pain prevents me from lifting heavy weights off of the floor, but I can manage light to medium weights if they are conveniently positioned.
4. I can lift only very light weights.
5. I can not lift or carry anything at all.

Reading

0. I can read as much as I want to with no pain in my neck.
1. I can read as much as I want to with slight pain in my neck.
2. I can read as much as I want with moderate pain in my neck.
3. I can't read as much as I want because of moderate pain in my neck.
4. I can hardly read at all because of severe pain in my neck.
5. I cannot read at all.

Headache

0. I have no headache at all.
1. I have slight headaches which come infrequently.
2. I have moderate headaches which come infrequently.
3. I have moderate headaches which come frequently.
4. I have severe headaches which come frequently.
5. I have headaches almost all the time.

Concentration

0. I can concentrate fully when I want to with no difficulty.
1. I can concentrate fully when I want to with slight difficulty.
2. I have a fair degree of difficulty in concentrating when I want to.
3. I have a lot of difficulty in concentrating when I want to.
4. I have a great deal of difficulty in concentrating when I want to.
5. I cannot concentrate at all.

Work

0. I can do as much as I want to.
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.

Driving

0. I can drive my car without any neck pain.
1. I can drive my car as long as I want with slight pain in my neck.
2. I can drive my car as long as I want with moderate pain in my neck.
3. I can't drive my car as long as I want because of moderate pain in my neck.
4. I can hardly drive at all because of severe pain in my neck.
5. I can't drive my car at all.

Sleeping

0. I have no trouble sleeping.
1. My sleep is slightly disturbed (less than 1 hour sleep loss).
2. My sleep is mildly disturbed (1-2 hour sleep loss).
3. My sleep is moderately disturbed (2-3 hours sleep loss).
4. My sleep is greatly disturbed (3-5 hours sleep loss).
5. My sleep is completely disturbed (5-7 hours sleep loss).

