Neck Pain and Disability Scale

Score

1. How bad is your pain today?
   0|_________|_________|_________|_________|_________|5 _______
   NO PAIN MOST SEVERE PAIN

2. How bad is your pain on average?
   0|_________|_________|_________|_________|_________|5 _______
   NO PAIN MOST SEVERE PAIN

3. How bad is your pain at its worst?
   0|_________|_________|_________|_________|_________|5 _______
   NO PAIN CANNOT TOLERATE

4. Does your pain interfere with your sleep?
   0|_________|_________|_________|_________|_________|5 _______
   NOT AT ALL CAN’T SLEEP

5. How bad is your pain with standing?
   0|_________|_________|_________|_________|_________|5 _______
   NO PAIN MOST SEVERE PAIN

6. How bad is your pain with walking?
   0|_________|_________|_________|_________|_________|5 _______
   NO PAIN MOST SEVERE PAIN

7. Does your pain interfere with driving or riding in a car?
   0|_________|_________|_________|_________|_________|5 _______
   NOT AT ALL CAN’T DRIVE OR RIDE

8. Does your pain interfere with social activities?
   0|_________|_________|_________|_________|_________|5 _______
   NOT AT ALL ALWAYS

9. Does your pain interfere with recreational activities?
   0|_________|_________|_________|_________|_________|5 _______
   NOT AT ALL ALWAYS

10. Does your pain interfere with work activities?
    0|_________|_________|_________|_________|_________|5 _______
    NOT AT ALL CAN’T WORK

11. Does your pain interfere with personal care (eating, dressing, bathing, etc.)?
    0|_________|_________|_________|_________|_________|5 _______
    NOT AT ALL ALWAYS
12. Does your pain interfere with personal relationships (family, friends, sex, etc.)?
   0|_________|_________|_________|_________|_________|5 _______ 
   NOT AT ALL ALWAYS

13. How has your pain changed your outlook on life and the future (depression, hopelessness)?
   0|__________________________|5 _______ 
   NO CHANGE COMPLETELY CHANGED

14. Does pain affect your emotions?
   0|__________________________|5 _______ 
   NOT AT ALL COMPLETELY

15. Does your pain affect your ability to think or concentrate?
   0|__________________________|5 _______ 
   NOT AT ALL COMPLETELY

16. How stiff is your neck?
   0|__________________________|5 _______ 
   NOT STIFF CAN’T MOVE NECK

17. How much trouble so you have turning your neck?
   0|__________________________|5 _______ 
   NO TROUBLE CAN’T MOVE NECK

18. How much trouble do you have looking up and down?
   0|__________________________|5 _______ 
   NO TROUBLE CAN’T LOOK UP OR DOWN

19. How much trouble do you have working overhead?
   0|__________________________|5 _______ 
   NO TROUBLE CAN’T WORK OVERHEAD

20. How much do pain pills help?
   0|__________________________|5 _______ 
   COMPLETE RELIEF NO RELIEF

 TOTAL SCORE__________

AGE_________ OCCUPATION_______________________________________