

## Neck Pain and Disability Scale

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Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial Month Day Year

ID Number \_\_\_\_\_ Chart Number \_\_\_\_\_ Examiner's Initials \_\_\_\_\_

PLEASE MAKE AN "X" ALONG THE LINE TO SHOW HOW FAR FROM NORMAL TOWARD THE WORST POSSIBLE SITUATION YOUR PAIN PROBLEM HAS TAKEN YOU

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 \_\_\_\_\_