

## NECK DISABILITY INDEX

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOW LONG HAVE YOU HAD NECK PAIN? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ WEEKS

IS THIS YOUR FIRST EPISODE OF NECK PAIN? \_\_\_\_\_ YES \_\_\_\_\_ NO

**USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW.**

(Please remember to complete both sides of this form.)

KEY:      **A** = ACHE                      **B** = BURNING                      **N** = NUMBNESS  
              **P** = PINS & NEEDLES      **S** = STABBING                      **O** = OTHER

