



Pre-Surgery Patient-Reported Functional Assessment



**NDI-Neck Disability Index
*As per AAOS PROMs***

Check one answer per row	Excellent	Very Good	Good	Fair	Poor						
In general, would you say your health is:											
In general, would you say your quality of life is:											
In general, how would you rate your physical health?											
In general, how would you rate your mental health, including your mood and your ability to think?											
In general, how would you rate your satisfaction with your social activities and relationships?											
In general, how well you carry out your usual social activities and roles? (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)											
Check one answer per row	Completely	Mostly	Moderately	A Little	Not at all						
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?											
Check one answer per row (In the past 7 days)	Never	Rarely	Sometimes	Often	Always						
How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?											
Check one answer per row (In the past 7 days)	None	Mild	Moderate	Severe	Very Severe						
How would you rate your fatigue on average?											
How would you rate your pain on average? (Circle one) 0=No pain; 1 = Mild Pain; 10 = Worst Imaginable Pain	0	1	2	3	4	5	6	7	8	9	10
Check one answer per row (In the past 7 days)	Not at all	A little bit	Somewhat	Quite a bit	Very Severe						
How much did pain interfere with your day to day activities?											
How much did pain interfere with work around the home?											
How much did pain interfere with your ability to participate in social activities?											
How much did pain interfere with your enjoyment of life?											
How much did pain interfere with the things you usually do for fun?											
How much did pain interfere with your enjoyment of social activities?											
How much did pain interfere with your household chores?											
How much did pain interfere with your family life?											
Signature of RN Noting Assessment:	Time:			Date:							

Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box that applies to you. We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Reading

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I can't read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

Section 5: Headaches

- I have no headaches at all
- I have slight headaches, which come infrequently
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently
- I have headaches almost all the time

Section 6: Concentration

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

Section 7: Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

Section 8: Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck
- I can't drive my car as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I can't drive my car at all

Section 9: Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

Section 10: Recreation

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities, with some pain in my neck
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
- I am able to engage in a few of my usual recreation activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I can't do any recreation activities at all

Score: _____ /50 Transform to percentage score $x 100 =$ _____ %points

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

If one section is missed or not applicable the score is calculated:

Example: $\frac{16}{50}$ (total scored)
 $\frac{16}{50}$ (total possible score) $x 100 = 32\%$
 $\frac{16}{45}$ (total scored)
 $\frac{16}{45}$ (total possible score) $x 100 = 35.5\%$

Minimum Detectable Change (90% confidence): 5 points or 10 %points

NDI developed by: Vernon, H. & Mior, S. (1991). The Neck Disability Index: A study of reliability and validity. Journal of Manipulative and Physiological Therapeutics. 14, 409-415
