

CERVICAL SPINE QUESTIONNAIRE

Chief Complaint (check all that apply)

Neck Pain Arm: pain weakness numbness

How long have you experienced these symptoms? _____

What started or caused these symptoms? _____

Please answer the following questions:

What is the percent of your pain is related to your neck or arm?

I have all neck pain

I have all arm pain

I have _____ % of neck pain

I have _____ % of arm pain

For arm pain: _____ % LEFT

For arm pain: _____ % RIGHT

Raising the arm: improves the pain worsens the pain no change

Moving the neck: improves the pain worsens the pain no change

There is: Weakness NO weakness in the arms or hands

There is: Numbness in the hands or arms NO numbness

Do you have difficulty picking up small objects? YES NO

Do you have problems with balance or trip frequently? YES NO

Coughing or sneezing: eases my pain makes it worse no effect

Loss of bladder or bowel control? YES NO

If so, please explain? _____

Have you missed any work because of your pain or symptoms? YES NO

If so, how much? _____

Which of the following treatments have you tried in the past for the condition? (Check all that apply)

Physical Therapy (how many visits? _____) Exercise Program (how long? _____)

Massage Chiropractic Acupuncture TENS unit Pain Pump

Anti- Inflammatory Medications Narcotic Pain Medications Muscle Relaxants

Trigger Point Injections Epidural Injections Spinal Injections

Other: _____

Which of the following diagnostic tests have you done to evaluate the problem? (Check all that apply)

X-Ray (Location: _____ Date: _____) CAT Scan (Location: _____ Date: _____)

MRI (Location: _____ Date: _____) Bone Scan (Location: _____ Date: _____)

EMG (Location: _____ Date: _____) Myelogram (Location: _____ Date: _____)

Other: _____

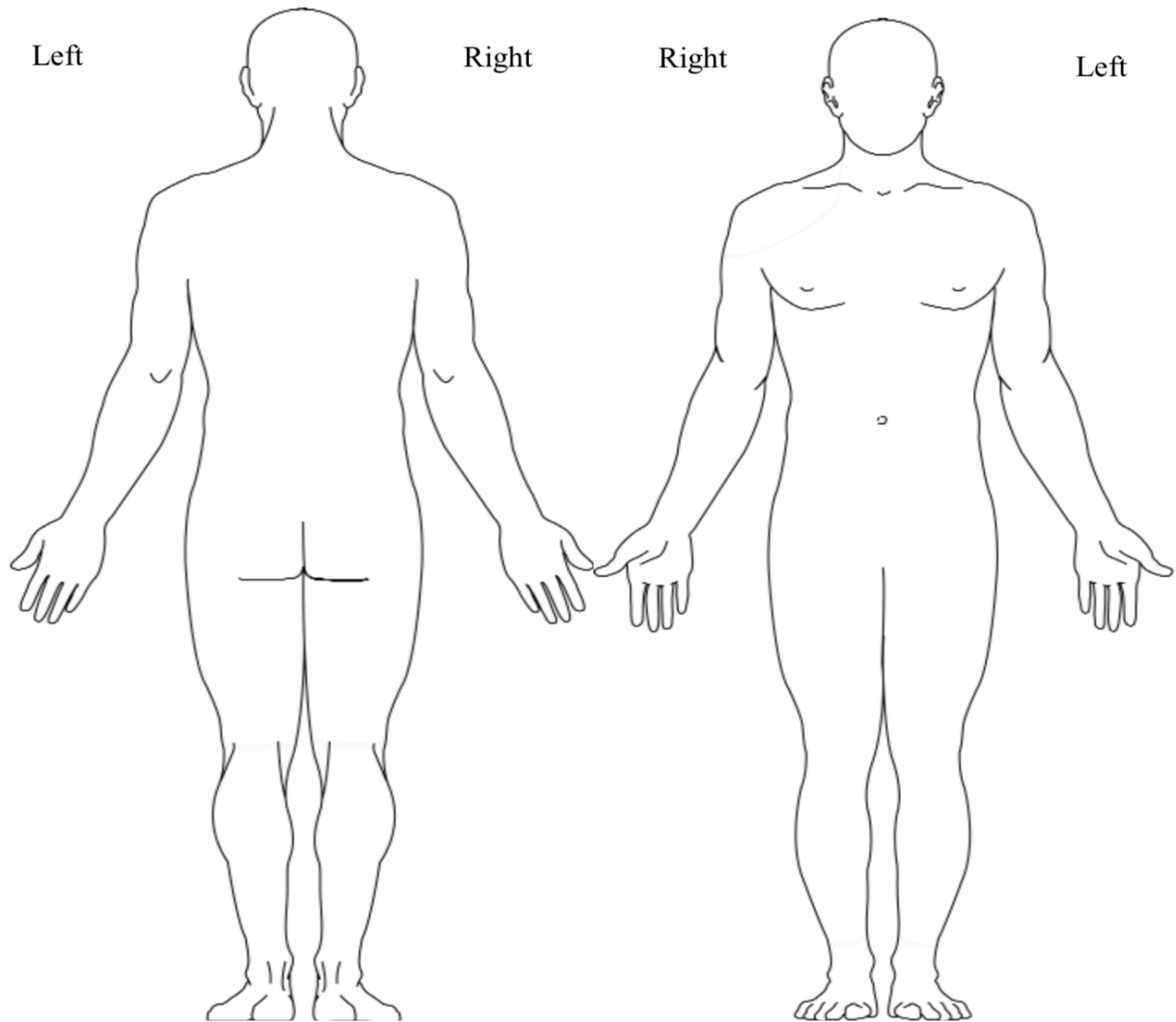
Pain Diagram

Please note the orientation of the diagrams below and mark the exact location where you are experiencing any of the following sensations:

===== Numbness

XXXXX Pain

••••• Other: _____



Circle the number on each line below indicating the level of your pain:

What was your LEAST pain over the past 1-2 weeks?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

What was your WORST pain over the past 1-2 weeks?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

What is your pain like today?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

Neck Disability Index

This questionnaire has been designed to give your physician information on how your neck pain has affected your ability to manage in everyday life. Please answer every question and mark only the **one** box in the section that applies to you. While you may consider that two of the statements in any one section relate to you, please check just the **one** which most closely describes your situation.

Section 1- Pain Intensity

- I have no pain at the moment
- The pain is mild at the moment
- The pain comes and goes as is moderate
- The pain is moderate and does not vary much
- The pain is severe but comes and goes
- The pain is severe and does not vary much

Section 2- Personal Care (washing, dressing, etc.)

- I can look after myself without causing extra pain
- I can look after myself normally, but it causes extra pain
- It is painful to look after myself. I am slow and careful
- I need some help but 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 causes extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, 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 lift very light weights
- I cannot lift or carry anything at all

Section 4- Reading

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

Section 5- Headache

- I have no headache 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 most of 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
- 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 cannot do any work at all

Section 8- Driving

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

Section 9- Sleeping

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

Section 10- Recreation

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