

NECK PAIN QUESTIONNAIRE

This questionnaire is designed by your doctor to answer specific questions. Please answer each question as completely as possible. Name: __ 1. How long have you had neck pain? 2. When did pain become severe? 3. Do you know what started the pain that you suffer? [] Yes []No If yes, describe what started the pain. 4. Did the pain begin after a work related injury? [] Yes 5. Did the pain begin [] gradually? [] suddenly? 6. Which word or words would you use to describe the pattern of your pain? 2 3 1 Brief Rhythmic Continuous

Momentary

Transient

Periodic

Intermittent

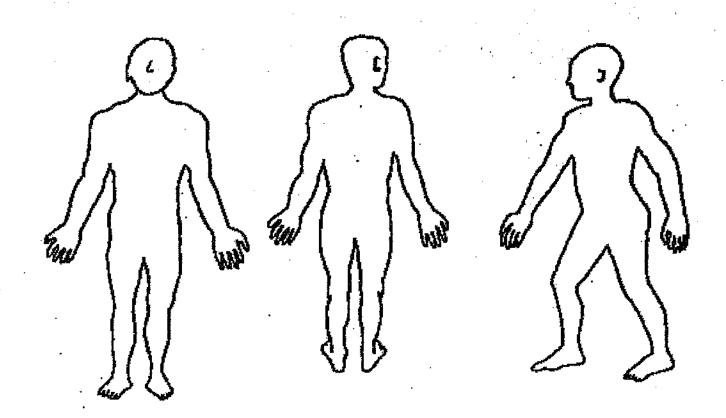
Steady

Constant

7. What does your pain feel like? Use the words below to describe your <u>present</u> pain. Circle <u>ONLY</u> those words that best describe your pain. Leave out any category that is not suitable. Use only a single word in each appropriate category - the one that applies best.

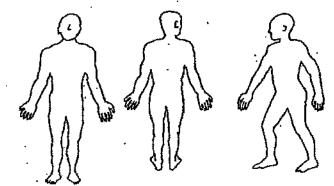
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1	5	9 .	13	17
FLICKERING	PINCHING	DULL	FEARFUL	SPREADING
QUIVERING	PRESSING	SORE	FRIGHTFUL	RADIATING
PULSING	GNAWING	HURTING	TERRIFYING	PENETRATING
THROBBING	CRAMPING	ACHING ·		PIERCING
BEATING	CRUSHING	HEAVY	14	
POUNDING	,		PUNISHING	- 18
	6 .	10 .	GRUELLING	TIGHT
2	TUGGING	TENDER	CRUEL	NUMB
JUMPING	PULLING	TAUT	VICIOUS	DRAWING
FLASHING	WRENCHING	RASPING	KILLING	SQUEEZING
SHOOTING		SPLITTING		TEARING
	7		15	,
3	HOT	11	WRETCHED	19
PRICKING	BURNING	TIRING	BLINDING	COOL
BORING	SCALDING	EXHAUSTING	, ————————————————————————————————————	COLD
DRILLING	SEARING		16	FREEZING
STABBING	•	12	ANNOYING	, 1 1 100 march 144
LANCINATING	8	SICKENING	TROUBLESOME	20
	TINGLING	SUFFOCATING	MISERABLE	NAGGING
4	ITCHY .		INTENSE	NAUSEATING
SHARP	SMARTING		UNBEARABLE .	AGONIZING
CUTTING	STINGING			DREADFUL
LACERATING	· · · · · · · · · · · · · · · · · · ·			TORTURING
				A CALL CHAIN

8. Use the figures below to indicate where you experienced pain,



9. Wh	nere is the <u>worst</u> p	pain? Check one	only.		•		•
	[] in the neck		-		. -		
	[] in the right						
	[] in the left a						
	[] in both arm						
			nd armlarma		-		
	[] equally sev	ere in the neck a	iio aimamis	,			
10. (a) How severe is y	our present pain	? Mark the lir	ne below.			
	<u> · </u>						· · · · · · · · · · · · · · · · · · ·
	no				Incapacitating		
	pain			•	pain		
			•				
10. (b) Circle the word	that best describ	es your prese	ent pain.			•
	1	2	3	4	5		•
	mild	discomforting	distressing	y homble	excruciating		
11. St	anding makes my	ypain [*]better	[] worse	[] sometimes bet sometimes wor		nge	
Si	tting makes my p	ain [] better	[] worse] sometimes better	[] no change)	
	•			sometimes worse	•		
Ly	ing makes my pa	in []better [] worse [] sometimes better/ sometimes worse	[] no change		
W	alking makes my	pain [] better	[] worse	[] sometimes bette sometimes wors		ge	
À	ctivity makes my	pain [] better	[] worse	[] sometimes bette sometimes wors		e	· .
D	riving makes my	pain [] better	[] worse	[] sometimes bette sometimes worse		e	
12. D	o you have troub	le falling asleep a	at night?		,		
	[] No (go to n	ext question) keeps you from fa	alling asleep?	•			
How	many nights a we	eek do you have t	rouble falling	asleep?			
,		4 =					
1	2 3	4 5					.e
[]	[] []	[] []					

		(go to next que s What awaker	•		?		- 		': -
łow	many nig	hts a week are	you a	wakened fro	om sleep?				
1	2	3 4	5		·	•			
]	[]	[] []	[]		•	•		•	
4. [Does cold	weather effect	your p	ain?					
	never	occasionally	/	always					
	[]	[]		[]					
ız r		p weather effec	t vour	nain?				:	
10. E	never `	p weamer enec		always			i		
		. []	7	[]					
	1. 3			1.3				٠.	
6. 1	s your pai	in improved by	heat?				.5		8
	[]Yes	[] No						:	
17. 1	s your pa	in improved by	massa	ge?				· .	
18. (On the line	e below indicate	how f	requently y	ou have p	ain.	•	•	
								<u>-</u>	
		0% ever)				•		100% always	
10	Overeil is	your pain getti	חת						
10.	better	worse		no change	•				
	[]	[]	•	[]	,	•			
20	Do you ex	cperience numb	ness?			•			
	[]Yes	[] No							
		e figures to show							



	•	•		:
•				
21. Have you noticed any weakness?	2			
[]Yes []No				
If yes, where do you feel weak? (Be	as specific as you can.)			
·				_
		•		_
22. Have you had any changes in you	er howel or bladder babits recently?		•	
[]Yes []No	a bower of bladder flabits receiting r			
f yes, please describe these changes	s. (Be as specific as you can.)			
		·····		
	·			
			•	
23. Do you experience any pain when	vou cough or sneeze?			
[]Yes []No	, ,-			
f yes, where does the pain occur? (B	e as specific as you can.)			
	•			_
				
A Hava you naticed the stumpings	in your arms, your hands, your legs, or			•
[] Yes [] No	ar your arms, your mands, your legs, or	your reet lately?		
	. •			
25. What doctors have you seen abou	it your pain and what did they do for you	u?		
				_
				_
				<u>-</u> ·
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				- · · · · · · · · · · · · · · · · · · ·
6. What medications have you taken	for the pain? Who gave them to you?	Did they Help?		-
•				-
6. What medications have you taken MEDICATION	for the pain? Who gave them to you?	Did they Help?	ELP?	- · · · · · · · · · · · · · · · · · · ·
•		DIO IT HE	ELP?	-· -
•		DID IT HE] No	- · · · · · · · · · · · · · · · · · · ·
•		DID IT HE []Yes [[]Yes [] No	-· -
•		DID IT HE []Yes [[]Yes [] No	- · · · · · · · · · · · · · · · · · · ·
•		DID IT HE [] Yes [[] Yes [] No	-
•		DID IT HE [] Yes [[] Yes [[] Yes [] No] No] No	-

27. Have you been treated w	/ith:			•			
bed rest		[]Yes	[] No		[]helped	[] did not	: help
physical therap	y 	[]Yes	[] No	•	[] helped	[] did not	help
traction	, :	[] Ýes	[] No		[]helped	[] did not	help
chiropractor	_	[]Yes	[] No	•	[] helped	[] did not	help
28. What x-rays have you ha	d on your back re	cently? (Si	nce your pain	began.)			•
[] regular x-rays	[] C.T. scan (ca	at scan)	[]MŔI				
[] bone scan	[] myelogram		·				
29. Have you ever had surge	ery on your neck?						
If yes, what was done, who d	lid it, and when?	. `					,
							
				•	- · · · · · · · · · · · · · · · · · · ·	• .	<u> </u>
30. Please place an "X" along lem has taken you.	g the line to show	how far fro	m normal tow	ard the wors	st possible s	ituation you	r pain prob-
1. How bad is your pain toda	y?		•				*
0		5 most seve	ere pain				
2. How bad is your pain on the	ne average?					•	
0	1	5 most seve	ere pain				
3. How bad is your pain at its	s worse?						
0 no pain		_]5 cannot tol	erate				
no beni							

4. Dogg your poin into-	fore with	,		
4. Does your pain inten	iere wiai your sieep? I i i			
not at all	<u> </u>	5		
not at an		can't sleep		
5. Hour had in your paid	andlia atau ta ao			
5. How bad is your pair	i wilii stanoing?	f		
no pain		5		
no pani		most severe pain		
6. How bad is your pain	مرسندالمست	•		
	with waiking?			
0		5		
no pain	•	most severe pain		
7 Dans volumenia intert				
7. Does your pain interfe	are with driving or rid	ung in a car?		
0		5.		
not at all		can't drive or ride		
. n				
8. Does your pain interfe	ere with social activiti			
0		· [5		
		!		
not at all		always		
•		always		
9. Does your pain interfe	ere with recreational	always		
9. Does your pain interfe	ere with recreational	always activities?		
9. Does your pain interfe	ere with recreational	always		
9. Does your pain interfe 0 not at all		always activities? 5 always		
9. Does your pain interfe 0		always activities? 5 always		
9. Does your pain interfe 0		always activities? 5 always ies? 5		
9. Does your pain interfe 0		always activities? 5 always		
9. Does your pain interfe 0		always activities? 5 always ies? 5		
9. Does your pain interfe 0	fere with work activiti	always activities? 5 always ies? 5 can't work	thing, etc.)?	
9. Does your pain interfe 0	fere with work activiti	always activities? 5 always ies? 5 can't work	thing, etc.)?	
9. Does your pain interference 0	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, ba	thing, etc.)?	
9. Does your pain interference of the pain int	fere with work activiti	always activities?	thing, etc.)?	
9. Does your pain interference of the pain int	fere with work activiti	always activities?		
9. Does your pain interference of not at all not at all 11. Does your pain interference of not at all	fere with work activiti	always activities?		
9. Does your pain interference of the pain int	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, bath is always ationships (family, frier		
9. Does your pain interference of the pain int	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, bath always ationships (family, frier		
9. Does your pain interfer of the pain interfer of	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, bath always ationships (family, frier 5 always	ds, sex, etc.)?	
9. Does your pain interfer of the pain interfer of	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, bath always ationships (family, frier 5 always		
9. Does your pain interference of the pain int	fere with work activiti	always activities? 5 always ies? 5 can't work re (eating, dressing, bath of the salways ationships (family, frier of the salways) on life and the future (ds, sex, etc.)?	

14. Do	es yo	our pain a	affect y	our emoti	ions?					•	
)	1	J	1]	[5					•
	not	at all	· · · · · · · · · · · · · · · · · · ·		···l	completely					
						: -					
5 Do	ies va	ur nain s	affect ve	our ability	to think	or concentrate?					-
0. 50	_	1 1	incery.	Jan apinty	I	5					
	<u></u>	at all	<u>i.</u>		!	completely				•	;
						Completely					
e 11-					-		•				
		is your	neck?	1		te :		•			
0		. LTEE		l		_ 5					· .
	not s	SUH1			* * *	can't move neck					
							•		-		•
7. Ho	w mu	ch troubl	e do yo	u have t	uming yo	ur neck?					
0						5					
	no tr	ouble				can't move neck					
							•				
8. Ho	w mu	ch troubl	e do yo	u have lo	oking up	and down?		•			
0			100		1	5		•			. i
	no tr	ouble				can't look up or down	· · .			. A. + /	
											- :
9. Ho	w mu	ch troubl	e do vo	u have w	orkina ov	verhead?	•	•			
0			,- ·	1	1	5		•			
	Ь	ouble		· · · · · · · · ·		can't work overhead					
5 11		, _••	(101_ 1	t- D		• •					
		ch do pai	ın pilis i ,	neip?	1	t æ		•			•
0				<u> </u>	<u> </u>	5				•	
	comi	olete reli	9[,	no relief					
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