

Age _____ Birthdate _____ Gender M F
Last Name First Name MI

Occupation: _____ Today's Date _____

What is your Main Problem? (Check all that apply)

- Neck pain
- Headaches
- Shoulder pain
- Arm pain
- Upper back pain
- Mid back pain

If you have Arm Pain which is worse?

- I don't have arm pain
- Both arms hurt about equally
- Both, right worse than left
- Both, left worse than right
- Right arm pain only
- Left arm pain only

How many weeks, days or months ago did this start? _____

What caused this problem?

- I don't know
- Car accident
- A fall
- Lifting
- Sports Injury
- Other: _____

Did it start Gradually or Suddenly?

- Gradually
- Suddenly

Is there pending legal action related to your pain / problem?

- No
- YES (explain): _____

Have you seen any other Doctors for this? Yes No

If Yes names in order that you saw them:

- 1) _____
- 2) _____
- 3) _____

Who is your Primary Doctor?

What test have you had done for this?

- X-rays
- Blood tests
- MRI
- CAT Scan
- Myelogram
- Other: _____
- Bone Scan
- Discogram
- EMG
- Nerve Root Block

What Treatments have you had for this?

- Nothing
- Rest
- Pain Medications
- Anti-inflammatories
- Physical Therapy
- Back Exercises
- Epidural Steroid Injection
- Prednisone
- Massage
- Traction
- Cervical Collar

Do you get **regular exercise**? Yes No

If Yes what? _____

How many days a week? _____

Current Symptoms

Which of these symptoms do you have now?

- Neck pain
- Shoulder pain Right Left
- Arm Right Left
- Numbness Where: _____
- Tingling Where: _____
- Arm or leg muscle weakness Explain: _____
- Trouble controlling bowels or bladder
- Pain with coughing, sneezing or straining
- Pain that wakes you from sleep

Is your neck pain or arm pain worse?

- Neck pain worse than arm pain
- Arm pain worse than neck pain
- Neck pain about equal to arm pain

- Is your neck pain: Aching Burning Stabbing Sharp Dull Stiff Pins and needles
- Timing: Worse in the: Morning Evening Nighttime Mid-day
- Is your arm pain: Aching Burning Stabbing Sharp Dull Stiff Pins and needles
- Timing: Worse in the: Morning Evening Nighttime Mid-day

What makes your pain worse?

- Sitting Standing
- Lying down Walking
- Exercise Lifting
- Looking down Looking up
- Working
- Other: _____

What makes your pain better?

- Sitting Standing
- Lying down Walking
- Exercise
- Pain medication Anti-inflammatories
- Massage Ice / Heat
- Other: _____

Do you have any of the following symptoms?

- Feeling Sick Weight loss Fevers Shaking chills Nausea
- Morning stiffness Electrical shock feelings Visual disturbance Balance problems
- Trouble writing Difficulty with fine manipulations Buzzing sensation in arms or legs

Are you taking any medications for this now?

- | Medication name | Pills per day |
|-----------------|---------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

Recently are your symptoms?

- Getting worse
- Staying about the same
- Getting better

Previous neck problems

Have you had neck problems before this? Yes No If Yes how many years ago did it start? _____

Have you had surgery on your neck before? Yes No

If Yes please list the type of operation, approximate year, and Doctor's name

- | Operation | Year | Doctor |
|-----------|-------|--------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

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 realize 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.

<p>Section 1: Pain Intensity</p> <p>I have no pain at the moment</p> <p>The pain is very mild at the moment</p> <p>The pain is moderate at the moment</p> <p>The pain is fairly severe at the moment</p> <p>The pain is very severe at the moment</p> <p>The pain is the worst imaginable at the moment</p>	<p>Section 6: Concentration</p> <p>I can concentrate fully when I want to with no difficulty</p> <p>I can concentrate fully when I want to with slight difficulty</p> <p>I have a fair degree of difficulty in concentrating when I want to</p> <p>I have a lot of difficulty in concentrating when I want to</p> <p>I have a great deal of difficulty in concentrating when I want to</p> <p>I cannot concentrate at all</p>
<p>Section 2: Personal Care (Washing, Dressing, etc.)</p> <p>I can look after myself normally without causing extra pain</p> <p>I can look after myself normally but it causes extra pain</p> <p>It is painful to look after myself and I am slow and careful</p> <p>I need some help but can manage most of my personal care</p> <p>I need help every day in most aspects of self care</p> <p>I do not get dressed, I wash with difficulty and stay in bed</p>	<p>Section 7: Work</p> <p>I can do as much work as I want to</p> <p>I can only do my usual work, but no more</p> <p>I can do most of my usual work, but no more</p> <p>I cannot do my usual work</p> <p>I can hardly do any work at all</p> <p>I can't do any work at all</p>
<p>Section 3: Lifting</p> <p>I can lift heavy weights without extra pain</p> <p>I can lift heavy weights but it gives extra pain</p> <p>Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table</p> <p>Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned</p> <p>I can only lift very light weights</p> <p>I cannot lift or carry anything</p>	<p>Section 8: Driving</p> <p>I can drive my car without any neck pain</p> <p>I can drive my car as long as I want with slight pain in my neck</p> <p>I can drive my car as long as I want with moderate pain in my neck</p> <p>I can't drive my car as long as I want because of moderate pain in my neck</p> <p>I can hardly drive at all because of severe pain in my neck</p> <p>I can't drive my car at all</p>
<p>Section 4: Reading</p> <p>I can read as much as I want to with no pain in my neck</p> <p>I can read as much as I want to with slight pain in my neck</p> <p>I can read as much as I want with moderate pain in my neck</p> <p>I can't read as much as I want because of moderate pain in my neck</p> <p>I can hardly read at all because of severe pain in my neck</p> <p>I cannot read at all</p>	<p>Section 9: Sleeping</p> <p>I have no trouble sleeping</p> <p>My sleep is slightly disturbed (less than 1 hr sleepless)</p> <p>My sleep is mildly disturbed (1-2 hrs sleepless)</p> <p>My sleep is moderately disturbed (2-3 hrs sleepless)</p> <p>My sleep is greatly disturbed (3-5 hrs sleepless)</p> <p>My sleep is completely disturbed (5-7 hrs sleepless)</p>
<p>Section 5: Headaches</p> <p>I have no headaches at all</p> <p>I have slight headaches, which come infrequently</p> <p>I have moderate headaches, which come infrequently</p> <p>I have moderate headaches, which come frequently</p> <p>I have severe headaches, which come frequently</p> <p>I have headaches almost all the time</p>	<p>Section 10: Recreation</p> <p>I am able to engage in all my recreation activities with no neck pain at all</p> <p>I am able to engage in all my recreation activities, with some pain in my neck</p> <p>I am able to engage in most, but not all of my usual recreation activities because of pain in my neck</p> <p>I am able to engage in a few of my usual recreation activities because of pain in my neck</p> <p>I can hardly do any recreation activities because of pain in my neck</p> <p>I can't do any recreation activities at all</p>