

NECK QUESTIONNAIRE

Patient Name: _____ DOB: _____

1.) Describe your distribution of pain (i.e., neck, shoulder blade, front/back of upper arm, forearm, wrist, hand, fingers/thumb). Be specific.

2.) Do you have numbness/tingling? Does it radiate in the same distribution? Be specific.

3.) Is this work comp? Yes No Litigation pending? Yes No

4.) What is your job description?

___ hrs./day, ___ days/week What is your current job status? _____

5.) When did you hurt your neck? _____

6.) Where were you and what were you doing when you injured your neck?

7.) Rate your pain (0 for no pain, 10 for most pain): ___\10

8.) Describe your pain (circle all that apply):

sharp dull stabbing burning throbbing aching

9.) When is the pain the worst? Do you have pain at night or at rest? Be specific.

10.) What makes the pain worse (circle all that apply)?

Standing walking lying in bed coughing sneezing lifting
bending sitting sneezing changing from sitting to standing

Other: _____

11.) What improves your pain (circle all that apply)?

Rest ice heat standing sitting Ibuprofen/Aleve Tylenol

Other: _____

12.) Do you have any of the following (circle any that apply)?

History of cancer unexplained weight loss current infection/immune suppression
Traumatic injury bowel/bladder dysfunction major motor weakness

