

Name _____ SSN _____

Complaint: Neck Pain

When did the pain begin? _____

Episodes:

Episode frequency _____ Episode Duration _____

Severity:

Mild Moderate Sever Incapacitating

Other _____

Status:

Improved No Change Worse Resolved

Other _____

Frequency:

Constant Intermittent Daily Weekly

Monthly Other _____

Location:

Whole Head Back of Neck Front of Neck Shoulder

Scapula Mild Back Upper Back Arm

Does the Pain Travel Anywhere?

Head Scapula Face Upper Arm

Elbow Forearm Inter Scapula Wrist

Hand Thumb Index Finger Little Finger

Quality:

Ache Burning Discomforting Dull

Gnawing Lancinating Piercing Sharp

Shooting Stabbing Throbbing Tingling

Name _____ SSN _____

Other _____

Context:

Axial Loading Blow from Behind Cervical Compression Hard Fall

Hyper flexion Injury Lifting Lying Down

Physical Assault Pulling Sports Sudden Movement

Twisting Movement Other _____

Trauma: MVA

Year _____ Air Bag Deployment YES NO Seat Belt

Specify _____

Aggravated By:

Bending Coughing Defecation Driving

Exertion Flexion Hyperextension Lifting

Lying Down Pushing Rotation Running

Sneezing Stooping Straining Stress

Turning Head Twisting Walking Working

Relieved By:

Acupuncture Cervical Collar Cervical Traction Exercise

Heating Pad Ice Injections by Who _____

Lateral Bending Manipulation Massage Movement

OTC Medications Muscle Relaxation Narcotics NSAID's

Physical Therapy Rest Rotation Stretching

Other _____

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Associated Symptoms/ Pertinent negatives

Decreased mobility	Dermatomic Rash	Difficulty Sleeping	Disequilibrium
Speech Problems	Incoordination	Muscle Atrophy	Spasm
Numbness	Joint Pain	Rash	Tenderness
Tingling	Weakness	Weight Loss	Weight Gain

Other _____

Sleep Limitations:

Falling asleep	Staying asleep	Getting back to sleep
Not able to sleep on affected side	Able to sleep on affected side	
Awakening too early	Waking # time per night _____	

Please list all of your allergies. (None)

Functional Limitations:

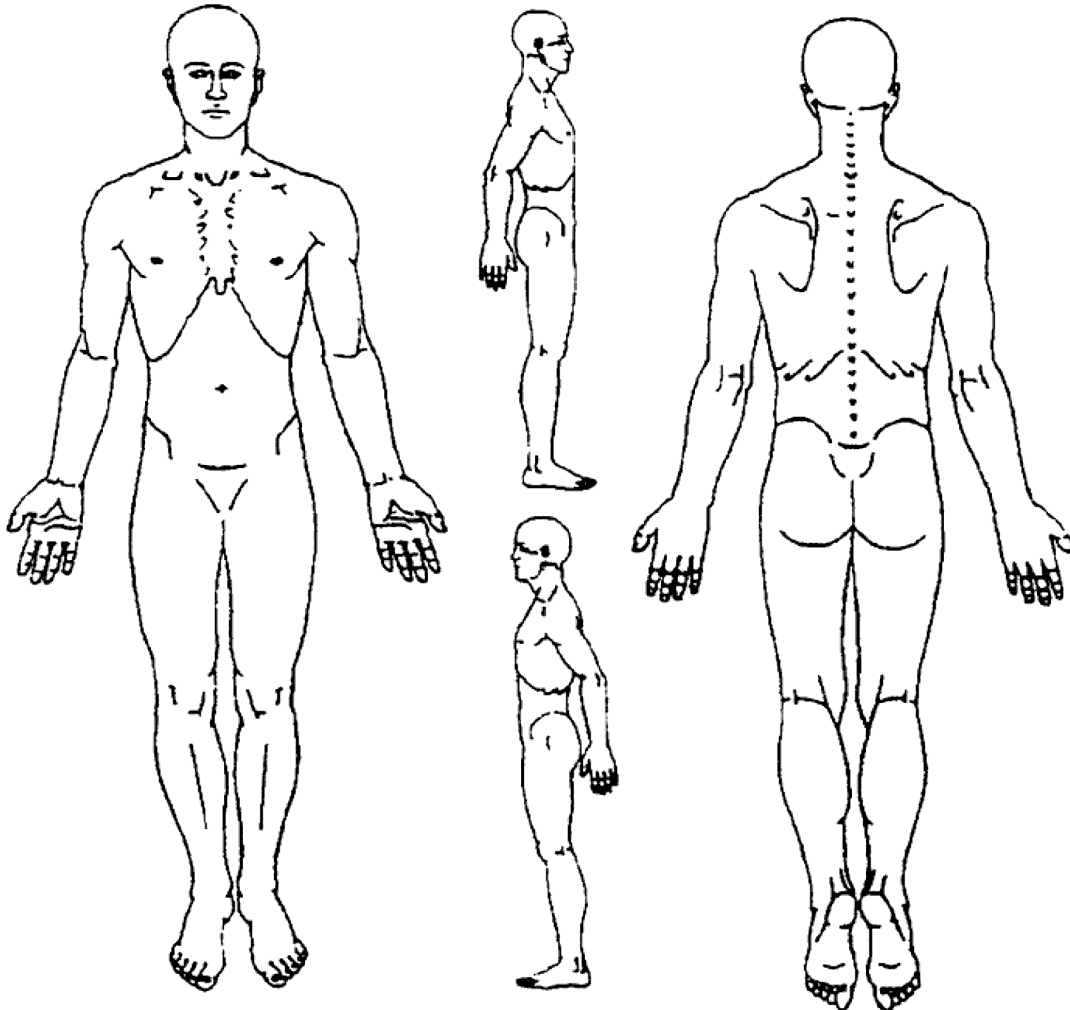
Complete cooking activities	Complete Cooking Activities	Dress your self
Drive/ fasten seat belt	Reach for Seatbelt	Sleep on affected side
Style hair	Tuck in Shirt	Wash Arm Pit
Wash Back	Wash Hair	Other _____

Pain Diagram

TYPE OF PAIN YOU ARE CURRENTLY EXPERIENCING...

Place appropriate symbol or letter on the diagram.

- Ache = AAAAAA
- Numbness = NNNNN
- Pins and Needles = OOOOO
- Burning = XXXXX
- Stabbing = /////



Oswestry Disability Questionnaire

This questionnaire has been designed to give us an idea as to how your neck or arm pain is affecting your ability to manage everyday life. Please answer by checking **ONE box in each selection** for the statement which best applies to you. We realize you may consider that two or more statements in any one selection apply but please just shade out the spot that indicates the statement **which is most clearly describes your problem.**

<p>Section 1 : Pain Intensity</p> <ul style="list-style-type: none"> <input type="radio"/> I have no pain at the moment <input type="radio"/> The pain is very mild at the moment <input type="radio"/> The pain is moderate at the moment <input type="radio"/> The pain is fairly severe at the moment <input type="radio"/> The pain is very severe at the moment <input type="radio"/> The pain is worst imaginable at the moment 	<p>Section 6: Concentration</p> <ul style="list-style-type: none"> <input type="radio"/> I can concentrate fully, with no difficulty <input type="radio"/> I can concentrate fully, with slight difficulty <input type="radio"/> I have a fair degree of difficulty in concentrating <input type="radio"/> I have a lot of difficulty in concentrating <input type="radio"/> I have a great deal of trouble concentrating <input type="radio"/> I cannot concentrate at all
<p>Section 2: Personal Care (ex. washing, dressing)</p> <ul style="list-style-type: none"> <input type="radio"/> I can look after myself normally without causing extra pain <input type="radio"/> I can look after myself normally but it causes extra pain <input type="radio"/> It is painful to look after myself and I am slow and careful <input type="radio"/> I need some help but can manage most of my personal care <input type="radio"/> I need help everyday in most aspects of my self-care <input type="radio"/> I do not get dressed, wash with difficulty and stay in bed 	<p>Section 7: Work</p> <ul style="list-style-type: none"> <input type="radio"/> I can do as much work as I want to <input type="radio"/> I can do my usual work, but no more <input type="radio"/> I can do most of my usual work, but no more <input type="radio"/> I cannot do my usual work <input type="radio"/> I can hardly do any work at all <input type="radio"/> I can't do any work at all
<p>Section 3: Lifting</p> <ul style="list-style-type: none"> <input type="radio"/> I can lift heavy weights without extra pain <input type="radio"/> I can lift heavy weights but it gives me extra pain <input type="radio"/> Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently positioned <input type="radio"/> I can only lift very light weights <input type="radio"/> I cannot lift or carry anything at all 	<p>Section 8: Driving</p> <ul style="list-style-type: none"> <input type="radio"/> I can drive my car with out any pain <input type="radio"/> I can drive my car as long as I want, with slight pain in my neck <input type="radio"/> I can drive as long as I want, with moderate pain in my neck <input type="radio"/> I can't drive my car as long as I want, because of moderate pain <input type="radio"/> I can hardly drive at all, because of severe pain in my neck <input type="radio"/> I can't drive my car at all
<p>Section 4: Reading</p> <ul style="list-style-type: none"> <input type="radio"/> I can read as much as I want to, with no pain in my neck <input type="radio"/> I can read as much as I want to , with slight pain in my neck <input type="radio"/> I can read as much as I want to, with moderate pain in my neck <input type="radio"/> I cant read as much as I want to, because of moderate pain in my neck <input type="radio"/> I can hardly read at all, because of severe pain in y neck <input type="radio"/> I cannot read at all 	<p>Section 9: Sleeping</p> <ul style="list-style-type: none"> <input type="radio"/> I have no trouble sleeping <input type="radio"/> My sleep is slightly disturbed (less than 1 hr sleepless) <input type="radio"/> My sleep is mildly disturbed (1-2hrs sleepless) <input type="radio"/> My sleep is moderately disturbed (2-3 hrs sleepless) <input type="radio"/> My sleep is greatly disturbed (3-5 hrs sleepless) <input type="radio"/> My sleep is completely disturbed 5-7hrs sleepless)
<p>Section 5: Headaches</p> <ul style="list-style-type: none"> <input type="radio"/> I have no headaches at all <input type="radio"/> I have slight headaches that come infrequently <input type="radio"/> I have moderate headaches that come frequently <input type="radio"/> I have severe headaches that come frequently <input type="radio"/> I have headaches almost all the time 	<p>Section 10: Recreation</p> <ul style="list-style-type: none"> <input type="radio"/> I am able to engage in all my recreation activities, with no neck pain <input type="radio"/> I am able to engage in all my recreation activities, with some neck pain <input type="radio"/> I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck <input type="radio"/> I am able to engage in few of my recreation activities, because of pain in my neck <input type="radio"/> I can hardly do any recreation activities, because of pain in my neck <input type="radio"/> I can't do any recreation activities at all