

Michigan Orthopedic Center

TELL ME ABOUT YOUR NECK PROBLEMS:

Patient Name: _____ Date: _____

E-mail: _____

Affected Side: L or R (circle one)

Dominant arm: L or R (circle one)

Thank You for answering this brief questionnaire by marking the appropriate answers.

1. How would you characterize the onset of your neck pain?

- Sudden
- Gradual
- Unknown
- Other: _____

2. What antecedent events brought on your neck pain?

- Unknown
- Trauma
- Other: _____

3. What has the pattern of your neck pain been?

- R L Persistent
- R L Intermittent
- R L Increasing
- R L Decreasing
- R L Unchanging

4. How long has your neck hurt you?

- _____ years
- _____ months
- _____ exact date of onset (if known)

5. Where exactly is your pain located?

- R L Shoulder blade
- R L Shoulder
- R L Arm
- R L Forearm
- R L Hand
- R L Back of neck
- R L Side of Neck
- Entire neck
- R Other: _____
- L Other: _____

6. Rate your average neck pain over the last week.

- none=0 1 2 3 4 5 6 7 8 9 10=severe

7. What best describes your neck pain?

- Aching
- Sharp
- Throbbing
- Burning
- Tingling
- Other: _____

9. What activities do you have difficulty doing as a result of your neck pain?

- Reading
- Sleeping
- Driving
- Grasping
- Buttoning Clothes
- Writing
- Throwing a Ball Overhead
- Doing Usual Work
- Doing Usual Sports
- Other: _____

10. What relieves your neck pain?

- Nothing
- Rest
- Heat
- Ice
- Medication
- Exercise
- Manipulation
- Injections
- Physical Therapy
- Topical Ointments (Bengay etc. . .)
- Other: _____

11. What are the associated features of your neck pain?

- Stiffness
- Grinding
- Catching
- Locking
- Weakness
- Numbness
- Tingling
- Decreased range of motion
- Clumsiness

Other: _____

12. What previous diagnostic tests have you had?

- None
- Plain X-rays
- MRI
- CT
- Bone Scan
- EMG
- Other: _____

13. Note if any of the following have evaluated or treated your neck or upper extremities.

- Orthopedic surgeon
- Neurosurgeon
- Neurologist
- Rheumatologist
- Chiropractor
- Pain management
- Other: _____

14. Have you ever had neck injections?

- Yes No

15. Have you had physical therapy for your neck?

- Yes (if yes, when?) No
- _____

16. Have you had any previous surgeries on your neck?

- Yes No

(if yes, what surgery and when?)

17. What medications have you taken?

(mark a P for those used in the PAST)
(mark a C for those used CURRENTLY)

- ___ None
- ___ Tylenol
- ___ Aspirin
- ___ Topical Rub/Pain Patch
- ___ NSAID (Ibuprofen/Motrin/Advil/Aleve)
- ___ Other NSAID: _____
- ___ Clinoril/Sulindac
- ___ Celebrex
- ___ Mobic/Meloxicam
- ___ Cortisone injection
- ___ Ultram/Tramadol/Ultracet
- ___ Narcotic: _____
- ___ Glucosamine / Chondroitin
- ___ Other: _____

18. How would you characterize your neck problem?

- An inconvenience
- More than an inconvenience
- Disabling

PATIENT PAIN DRAWING

Where is your pain now?

Using the appropriate symbols below, mark the areas on your body where you feel the sensations described. Mark the areas of radiation. Include all affected areas. To complete the picture please draw in your face.

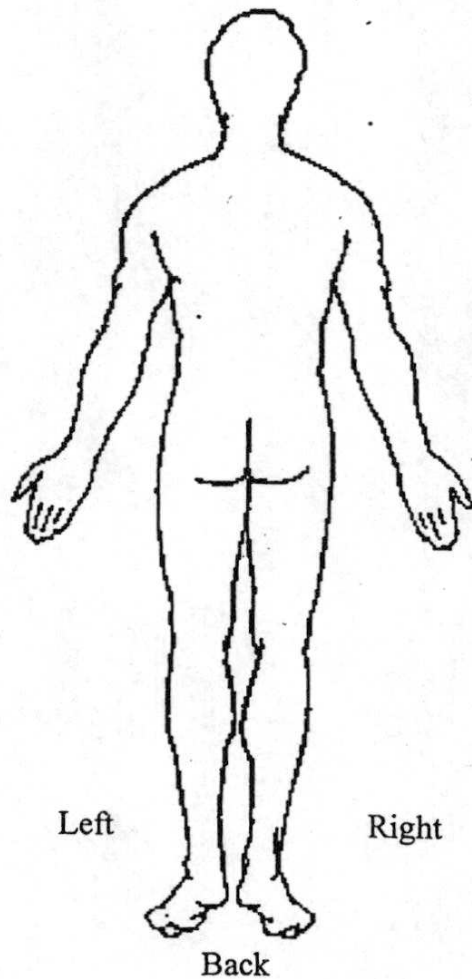
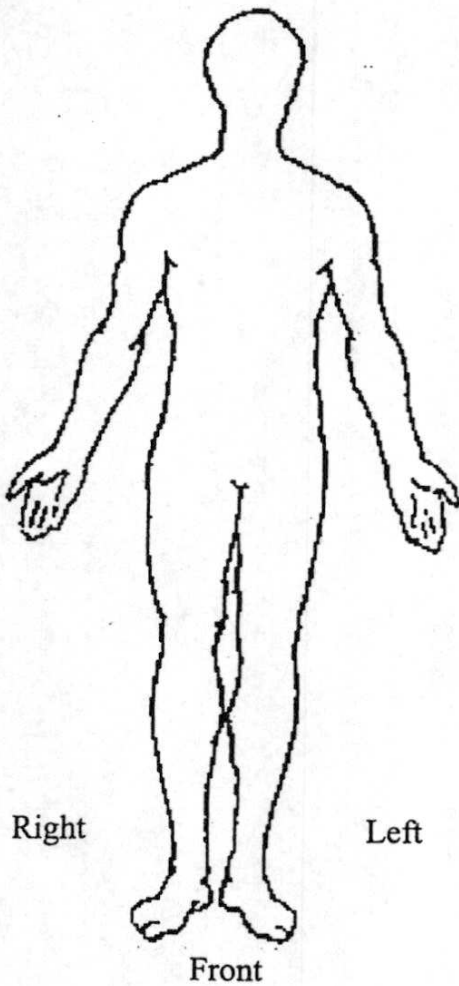
Aching
▲▲▲

Numbness
===

Pins and Needles
○○○

Burning
XXX

Stabbing
///



How bad is your pain now?

Please mark an X on the body form where the pain is worst now. Please circle on the line below how bad your pain is now.

NO PAIN _____ WORST POSSIBLE PAIN
1 2 3 4 5 6 7 8 9 10

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

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

COMMENTS: _____

NAME: _____ **DATE:** _____ **SCORE:** _____