

PLEDGER ORTHOPAEDIC & SPINE CENTER

EXTENDED NECK

Patient _____

Date _____

Family Physician _____

The onset of my neck pain has been:

- Acute
- Suddenly
- Suddenly, following an incident, not at work
- Suddenly following an incident at work
- Suddenly following no specific incident
- Gradual
- Gradually, over time
- Gradual following no specific incident
- Gradual following an incident at work
- Gradually improving
- Gradually worsening

I have had my pain for the last

- Days _____
- Weeks _____
- Months _____
- Years _____

The pattern of my pain has been:

- Increasing
- Decreasing
- Episodic
- Recurrent

The pattern of my pain:

- Comes and goes
- Is present all the time
- Is present all the time with flare-ups
- Increases with activity

- Is related to the level of activity
- Is unrelated to the level of activity
- Is unrelated to the level of activity

My neck pain can be characterized as an:

- Dull aching
- Burning sensation
- Catching
- Cramping
- Discomfort
- Electrical
- Pain
- Needles and pins
- Numbness
- Piercing
- Sharp stabbing
- Shooting
- Tightness
- Tingling

- **The severity of my pain can be described as:**
 - Mild in severity
 - Mild to moderate in severity
 - Moderate in severity
 - Moderate to severe
 - Severe

- **My pain usually occurs:**
 - At rest
 - All the time
 - Both day and night
 - In the daytime
 - On arising in the morning
 - Occurs more in the early morning
 - Only during the day
 - More toward the evening
 - With normal activities
 - On exertion
 - Only during exertion
 - When lying down
 - When walking
 - More at night
 - Only at night
 - At night

- **Neck pain versus arm pain is:**
 - Arms hurt much more than the neck
 - Arms hurt somewhat more than the neck
 - Arms and neck hurt about the same
 - Neck hurts somewhat more than the arm
 - Neck hurts much more than the arm

- **The pain usually starts in the:**
 - Occiput
 - Midline of neck
 - Mid back
 - Right lateral neck
 - Left lateral neck
 - In the neck
 - Left side of the neck
 - Right side of the neck
 - Neck and throat

- **The pain radiates into my:**
 - Right shoulder
 - Left shoulder
 - Both shoulders
 - Right shoulder blade
 - Left shoulder blade
 - Both shoulder blades
 - Right upper arm
 - Left upper arm
 - Both upper arms
 - Right forearm
 - Left forearm
 - Both forearms
 - Right thumb and index finger
 - Left thumb and index finger
 - Right long finger
 - Left long finger
 - Right ring and little finger
 - Left ring and little finger

- Arm numbness (If the answer to this question is no, skip the next question)**
 - There is no arm numbness
 - There is arm numbness

- The location of the arm numbness is:**
 - Right shoulder
 - Left shoulder
 - Right upper arm
 - Left upper arm
 - Right forearm
 - Left forearm
 - Right thumb and index finger
 - Left thumb and index finger
 - Left long finger
 - Right long finger
 - Right ring and little finger
 - Left ring and little finger

- Arm weakness: (if the answer to this question is no, skip the next question)**
 - There is no arm weakness
 - There is arm weakness

- The location of my arm weakness is:**
 - Right shoulder
 - Left shoulder
 - Right upper arm
 - Left upper arm
 - Right forearm
 - Left forearm
 - Right wrist
 - Left wrist
 - Right hand
 - Left hand

- My neck pain was originally caused by:**
 - Nothing
 - Aging
 - Trauma
 - Automobile accident
 - Motorcycle accident
 - Boating accident
 - Falling
 - Sports activities
 - Exercise
 - Exertion

- My pain is aggravated by:**
 - Nothing
 - Sneezing
 - Coughing
 - Twisting
 - Lifting
 - Position of arm
 - Bending to the right
 - Bending to the left
 - Rotating to the right
 - Rotating to the left
 - Flexion
 - Extension

- My pain is relieved by:**
 - Nothing
 - Bed rest
 - Change in position
 - Exercise
 - Medication
 - Heat
 - Ice
 - Physical therapy
 - Holding arm above head
 - Popping of the neck
 - Massage
 - Oral steroids
 - Pain medication
 - Anti-inflammatory medication
 - Facet injections

- My pain interferes with the following:**
 - Nothing about my lifestyle
 - Personal grooming
 - Driving
 - Bathing
 - Work severely
 - Work moderately
 - Work minimally
 - Work not at all
 - Cooking
 - Childcare
 - Intercourse never
 - Intercourse occasionally
 - Intercourse frequently
 - Sweeping
 - Gardening
 - Vacuuming
 - Leisure activities
 - Leisure activities not at all
 - Sleep severely
 - Sleep moderately
 - Sleep minimally
 - Sleep not at all

- Associated with my pain, are the following conditions:**
 - Arthritis of peripheral joints
 - Chills
 - Neck stiffness
 - Gait abnormality
 - Catching
 - Bladder dysfunction
 - Dysuria
 - Fever
 - Shoulder pain
 - Incontinence of urine
 - Incontinence of stool
 - Arm weakness
 - Paresthesias in arms
 - Trauma
 - Use of corticosteroids
 - Use of anticoagulants
 - History of malignancy

- Previous diagnostic test:**
 - None
 - Plain radiographs
 - MRI - Neck
 - MRI – right shoulder
 - MRI – left shoulder
 - CT
 - CT/Myelogram
 - Bone Scan
 - EMG/PNCV's
 - DEXA Scan

- I have previously been evaluated by:**
 - None
 - Orthopaedic surgeon
 - Neurosurgeon
 - Neurologist
 - Primary care physician
 - Rheumatologist
 - Psychiatrist
 - Chiropractor
 - Emergency room
 - Urgent care center
 - Pain management
 - Psychologist/psychiatrist

- I have had the following physical therapy:**
 - None
 - Stretching exercises
 - Strengthening exercises
 - Active range of motion exercises
 - Active assisted range of motion exercises
 - Passive range of motion exercises
 - Home exercise program
 - TENS unit
 - Ultrasound
 - Phonophoresis
 - Iontophoresis
 - Massage
 - Whirlpool
 - Heat
 - Ice
 - Traction

- I have had the following neck surgeries:**
 - None
 - Cervical discectomy
 - Cervical fusion
 - Anterior cervical plating
 - Posterior cervical decompression
 - Posterior cervical laminoplasty
 - Posterior spinal decompression
 - Posterior spinal fixation
 - Posterior spinal fusion
 - Cervical total disc replacement
 - Cervical corpectomy
 - Anterior cervical discectomy and fusion

- I use the following assistive devices:**
 - None
 - Cervical collar
 - Miami J collar
 - Philadelphia collar

- Because of my neck I have the following issues:**
 - None
 - Pending social security disability application
 - Worker's compensation claim
 - Pending litigation
 - Previous worker's compensation claim
 - Pending lawsuit
 - Pending worker's compensation claim
 - Social security
 - Divorce
 - Child support

PLEDGER ORTHOPAEDIC & SPINE CENTER

Neck Pain Disability Questionnaire

Name: _____

Date: _____

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 marking 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 MARK THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Section 1 - Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment.
- The pain is moderate at the moment
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment

Section 2 - Personal Care (dressing etc.)

- I can look after myself normally without pain.
- I can look after myself normally but it causes pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, I wash with difficulty and stay in bed

Section 3 - Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off of the floor, but I can manage if conveniently positioned
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights.
- I can lift very light weights.
- I can not lift or carry anything at all.

Section 4 - Reading

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want to with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

Section 5 - Headaches

- I have no headaches at all.
- I have slight headaches, which come infrequently.
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently.
- I have headaches most all the time.

Section 6 - Concentration

- I can concentrate fully with no difficulty
- I can concentrate fully with slight difficulty
- I have a fair degree of difficulty in concentrating.
- I have a lot of difficulty in concentrating
- I have a great deal of difficulty in concentrating
- I cannot concentrate at all.

Section 7 - Work

- I can do as much work as I want to
- I can only do my usual work but no more
- I can do most of my usual work, but not more.
- I cannot do my usual work.
- I can hardly do any work at all
- I cannot do any work at all.

Section 8 - Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck.
- I cannot drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive because of severe pain in my neck
- I cannot drive my car at all

Section 9 - Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed, 7-8 hours per night
- My sleep is mildly disturbed, 6 hours per night
- My sleep is moderately disturbed, 4 hours per night.
- My sleep is greatly disturbed, 2 hours per night.
- My sleep is completely disturbed.

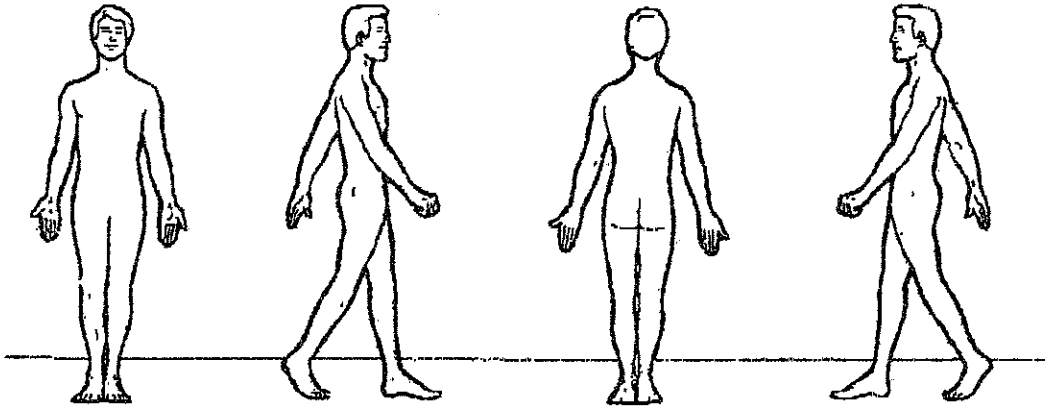
Section 10 - Recreation

- I am able to engage in all my recreational activities with no neck pain at all
- I am able to engage in all of my recreational activities with some pain in my neck.
- I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- I am able to engage in a few of my recreational activities because of pain in my neck.
- I can hardly do my recreational activities because of pain in my neck.
- I cannot do any recreational activities at all

Pledger Orthopedic & Spine Center Pain Diagram

Patient Name _____ Date _____

Using the symbols listed below, mark on the four drawings below which areas on your body where you feel the described sensations:



Use the appropriate symbols:

Numbness	===	Dull Ache	000
Hot Burning	x x x	Sharp Stabbing	///
Pins & Needles	+ + +	Other:	_____

