

## Neck Pain Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. My neck hurts:     more on the right     more on the left     both sides equally
  
2. My arm hurts:     more on the right     more on the left     both sides equally
  
3.     My neck hurts more than my arms.  
       My arms hurt more than my neck.  
       They hurt equally.
  
4. It hurts more to move my head  
       It hurts more to move my arm.  
       They hurt equally.
  
5. I have weakness in:         right arm     left arm     both arms
  
6. I have numbness/tingling:         right arm     left arm     both arms    Where? \_\_\_\_\_
  
7. I have bladder control problems:         no     yes
  
8. I have bowel control problems:         no     yes
  
9. I have balance problems:         no     yes
  
10. 10. I have *(check all that apply)*:  fevers         chills         weight loss  
   weight gain     problems sleeping
  
11. The following make my pain:    worse                    better                    no change  
      look down                                                              
      look up                                                                  
      look right                                                              
      look left                                                               
      tilt head to right                                                      
      tilt head to left
  
12. Check treatments used:        **USED**                    **HELPED**  
      Physical Therapy             yes     no                     yes     no  
      Chiropractic                 yes     no                     yes     no  
      Massage                       yes     no                     yes     no  
      Acupuncture                 yes     no                     yes     no  
      Steroid pack                  yes     no                     yes     no  
      Epidural Injections         yes     no                     yes     no  
      Other: \_\_\_\_\_         yes     no                     yes     no