

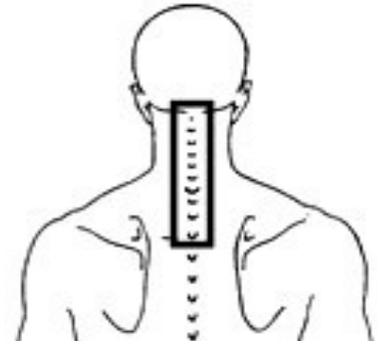
Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Part 1: Neck Pain**

Do you have pain in the Midline of your neck (*inside the black rectangle*)?

- No If No, go to Part 2
- Yes If Yes, please draw 1 or more X's inside the black rectangle to indicate where your pain is.



- This Pain:**  Is constant (always present, never *completely* goes away)  
 Comes and goes, stays for:  Seconds  Minutes  Hours  Days

**Score this pain level from 0 to 10** (*0 is no pain, 10 is the worst pain imaginable*)

Right now: \_\_\_\_\_ At its worst: \_\_\_\_\_

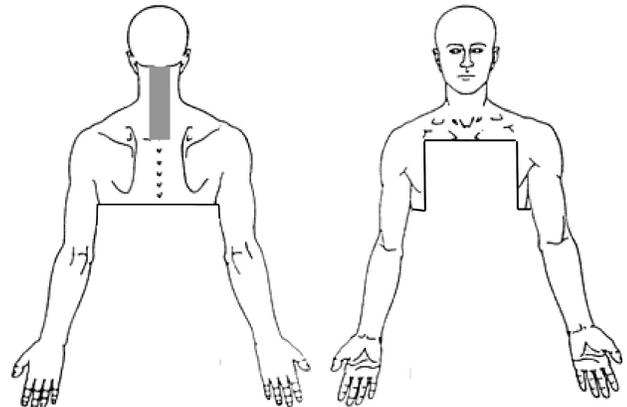
**Check 1 or 2 boxes that best describe this pain:**

- Sharp  Shooting  Stabbing  Aching  Dull  Sore  Burning
- Pressure  Pinching  Squeezing  Tightness  \_\_\_\_\_

**Part 2: Radiating Neck Pain to Shoulders and/or Arms**

Does your pain radiate to the shoulder(s) or down your arm(s)?

- No If No, skip this box
- Yes If Yes, please draw arrow(s) to indicate where your pain radiates from and to.



**This radiating pain:**

- Is constant (always present, never *completely* goes away)
- Comes and goes, stays for:  Seconds  Minutes  Hours  Days

**Score this radiating pain level from 0 to 10** (*0 is no pain, 10 is the worst pain imaginable*):

Right now: \_\_\_\_\_ At its worst: \_\_\_\_\_

**Check 1 or 2 boxes that best describe this radiating pain:**

- Sharp  Shooting  Stabbing  Aching  Dull  Sore  Burning
- Pressure  Pinching  Squeezing  Tightness  \_\_\_\_\_

**My pain is worse with:**

- Standing  Walking  Computer work
- Driving  Looking up  Bending
- Lying  Lifting  Sitting  Sneeze or Cough
- Getting out of chair/bed/car  Turning Head
- Change in weather  Other \_\_\_\_\_

**My pain is improved with:**

- Sitting  Bending  Heat
- Lying  Standing  Stretching
- Walking  Meds: \_\_\_\_\_
- Other \_\_\_\_\_