

Patient Name: _____ Age: _____ Date: _____

Follow Up Neck/Arm Form

Please complete all questions. All responses will remain confidential.

1. How long have you had this pain?

_____ days _____ month(s) _____ year(s)

2. What makes the pain worse?

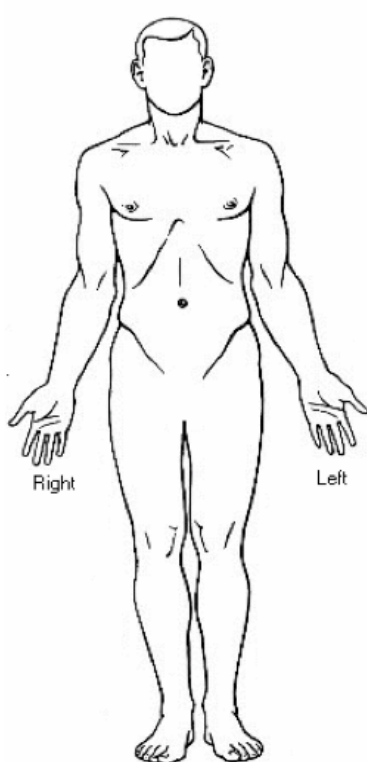
Sitting Standing Walking Lying down Nothing _____

3. What makes the pain better?

Sitting Standing Walking Lying down Nothing _____

4. Please mark where your pain is on the diagram below:

Front



Right Left

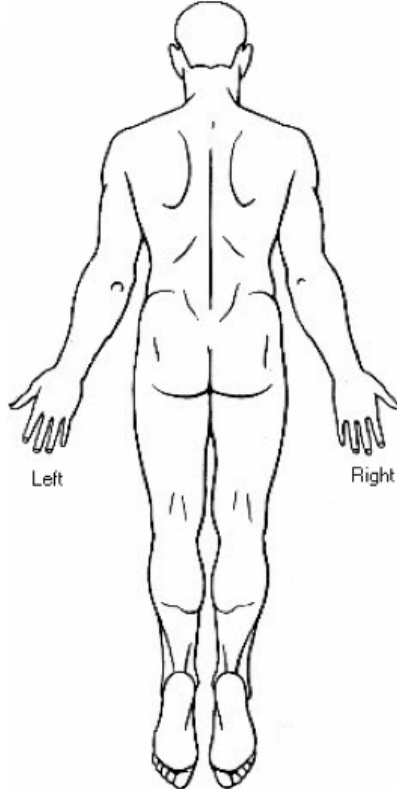
Use the body diagrams to show where you feel the following sensations.

<u>Ache</u>	<u>Numbness</u>	<u>Burning</u>	<u>Stabbing</u>
AAA	OOO	XXX	///
AAA	OOO	XXX	///
AAA	OOO	XXX	///

Pins And Needles

≡ ≡ ≡

Back

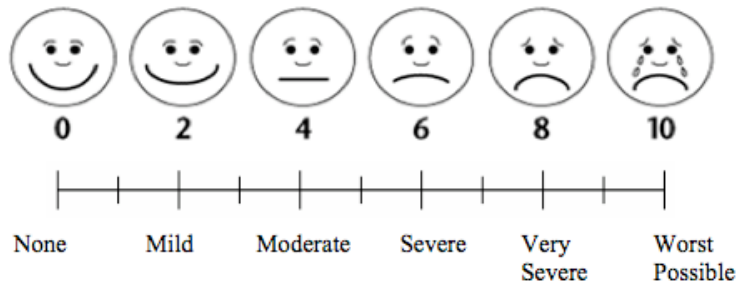


Left Right

Please indicate the percent of pain that you feel in your neck and arms:

Neck		%
Arm Pain		%

5. Please place an X on the hash mark that most accurately describes your pain NOW:



6. By what percent have you improved since your last visit?

- 0-24% 25-49% 50-74% 75-100% No improvement Worse than last visit

7. What has helped the most? _____

8. Are you satisfied with your current treatment?

- Very satisfied Satisfied Neither satisfied nor unsatisfied Unsatisfied Very unsatisfied

How can we improve? _____

9. Any changes in your health (medical/surgical history) since your last visit? Yes No

Please list: _____

10. Any changes in your medications since your last visit? Yes No

Please list: _____

11. Please list the PAIN medications that you are currently taking:

Pain Medication	Dose	Frequency
Example: Motrin	600 mg	Three times a day

12. Is there anything else that you think we should know about? _____

Neck Disability Index

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

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

- I can look after myself normally, without causing extra pain.
- I can look after myself normally, but it causes extra 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 weight without extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot 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 can't 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 that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

SECTION 6 - CONCENTRATION

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

SECTION 7 - WORK

- I can do as much work as I want to.
- I can do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't 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 can't drive my car as long as I want, because of moderate pain in my neck.
- I can hardly drive at all, because of severe pain in my neck.
- I can't drive my car at all.

SECTION 9 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr sleepless).
- My sleep is mildly disturbed (1-2 hrs sleepless).
- My sleep is moderately disturbed (2-3 hrs sleepless).
- My sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed (5-7 hrs sleepless).

SECTION 10 - RECREATION

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

I attest that the above answers are true and have been completed to the best of my knowledge.

Patient Signature: _____

Date/Time: _____

I have reviewed the follow up history.

Physician Signature: _____

Date/Time: _____

Mild disability 10-28%, Moderate disability 30-48%, Severe disability 50-68%, Complete >70%

NDI Score: _____