

Cervical Spine Questionnaire

Name: _____ Age: _____ Occupation: _____

Name of physician/person who referred you: _____

Main problem (include date of onset, describe any injury/accident):

Was injury work related? Yes No
 Your dominant hand: Left Right
 Which arm is more painful? Left Right

Do you have any of the following:

Neck pain: Yes No
 Arm pain: Yes No
 Arm weakness: Yes No
 Hand clumsiness: Yes No

Difficulty writing: Yes No
 Difficulty walking: Yes No
 Balance problems: Yes No
 Bowel/bladder problems: Yes No

Please check all that apply:

Pain level/character: none dull occasional pain pain improving
 mild sharp constant pain pain worsening
 moderate burning pain with activities no change
 severe electrical night pain

Worsens with: overhead activities repetitive motions lifting
 other _____

Improves with: rest stretching ice heat
 other _____

Physical therapy: yes no How many sessions? _____
 helped a lot helped a little no help made pain worse

Injections: yes no How many? _____ Dates: _____
 helped a lot helped a little no help made pain worse

List current medications you take for your pain. Please indicate if they help.

Have you seen any other doctors for your problem? yes no

Name: _____ Date: _____

Name: _____ Date: _____

Diagnosis: _____

Diagnosis: _____

Recommendation: _____

Recommendation: _____

Have you had any studies (XRay, MRI, CT, myelogram)? List study and date.

Height: _____

Weight: _____

Visual Analogue Scale

NAME: _____ DATE: _____

SURGEON NAME: _____

FOLLOW UP:

PreOp
 Immediate PostOp
 6 weeks
 3 months

6 months
 12 months
 24 months
 Other (specify): _____

Please circle the number that best describes the question being asked.

NOTE: Please indicate your average pain levels and pain at minimum / maximum using the last 3 months as your reference

EXAMPLE:

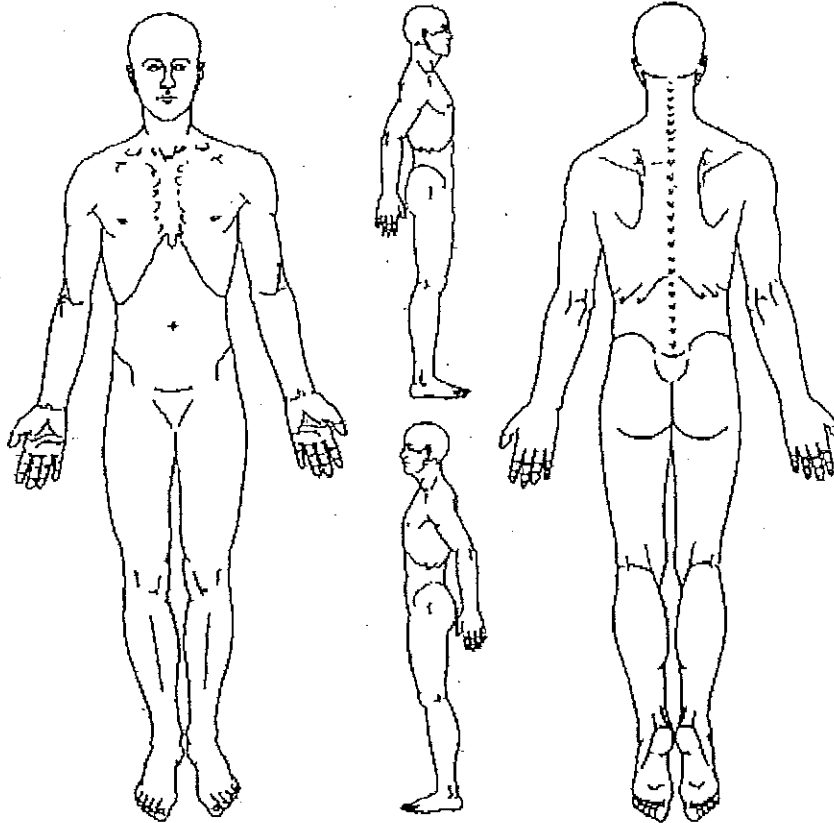
no pain 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 X 6 ___ 7 ___ 8 ___ 9 ___ 10 worst possible pain

1. ARM or LEG PAIN

no pain 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 worst possible pain

2. NECK or BACK PAIN

no pain 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 worst possible pain



A = ACHE
 P = PINS & NEEDLES

B = BURNING
 S = STABBING

N = NUMBNESS
 O = OTHER