

Date: .....

**Patient data**

Last name: .....

First name: .....

Date of birth: .....

GSM number: .....

E-mail:

General practitioner: .....

Referred by: .....

**Neck pain, tick the box and mark on the drawing**

**1) Pain localisation: localised in the neck (posterior)**

- All over the neck
- Mainly on the left
- Mainly on the right
- Upper part of neck just below the skull
  - Left
  - Right

**2) Describe the pain:**

- Pressure
- Nagging
- Stabbing
- Burning

**3) Is the pain provoked by:**

- Neck movements
- Keeping your head in a certain position for a longer period of time
  - Head bent forwards
  - Head bent backwards
  - Head turned to the left
  - Head turned to the right
- Coughing
- Straining to defecate

**Radiating pain**

**1) Is there any radiating pain in the neck (front)?**

- No
- Yes

**2) Radiating pain towards the head:**

- Sharp well-defined pain (indicate in which area on the figure with dermatomes on page 5)
- Radiating further
  - To the temple area
  - To the forehead
  - To the top of the eyes
- Dull pain that is difficult to define
- Numbness at the level of the skull, please specify in which area
- Tingling in the region of the skull, please specify in which area
- Can the pain radiate to the temples/ forehead left/ forehead right?
- Combing hair is painful
- The skull skin is hypersensitive

**3) Pain in the upper limbs:**

- Sharp well-defined pain (indicate in which area on the dermatome diagram on page 5)
- Dull pain, difficult to delineate
- Cold feeling

**4) Is the pain in the upper extremities provoked or worsened by:**

- Neck movements
- Keeping your head in a certain position for a longer period of time
  - Head bent forwards
  - Head bent backwards
  - Head turned to the left
  - Head turned to the right

**5) Are there any sensory disturbances in the upper limbs?**

- Numbness, is there numbness in the same area as the area of pain, if not specify
  - Does the numbness occur in the same area as the area of pain, if not state in which area of the dermatome (page 5)
- Tingling, does the tingling occur in the same area as the area of the pain, if not specify in which area of the dermatome scheme

**6) Is the pain in your arm influenced by movements at the level of the shoulder? If so, please specify the movements that provoke pain:**

- No
- Yes: .....
- .....
- .....

**7) Do you have reduced strength in the arms or hands?**

- No
- Difficulty in grasping things, dropping things, reduced grip strength in the fingers
- Less strength in the wrists and arms, difficulty lifting heavier loads

**8) Do you have sensory disturbances in the lower limbs: in both legs, left, right?**

- Numbness
- Tingling
- Feeling of instability when closing the eyes or when walking in dark surroundings

**9) Do you have less strength in the lower limbs: in both legs, left, right? Do you notice this when walking over longer distances? When going up or down stairs?**

- No
- Yes

**Additional problems:**

**1) Do you have difficulty urinating?**

- Poor bladder control, sudden need to go to the toilet and sometimes already limited leakage
- Frequent incontinence
- Weak stream

**2) Can you drive a car without neck pain?**

- No, I have mild to moderate neck pain while driving
- No, I have moderate to severe neck pain while driving
- Yes, I have no neck pain while driving

**3) Do you have sleep problems?**

- No
- Yes, the sleep disorder is due to:
  - Neck pain
  - Headache
  - Shoulder pain
  - Other: .....

Comments (if any): .....

.....

.....

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**Severity of neck pain**

**1) Intensity (circle)**

*By intensity, we mean the degree of severity of the pain. How severe/painful would you rate the pain on a scale of 0 to 10?*

Continuous pain 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 - 10

Pain flare-up 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 - 10

- Have there been any fluctuations in intensity?

- No
- Yes, when?
  - At the beginning of the complaints
  - When the pain was most severe
  - Now

**2) Frequency of pain flare-ups:**

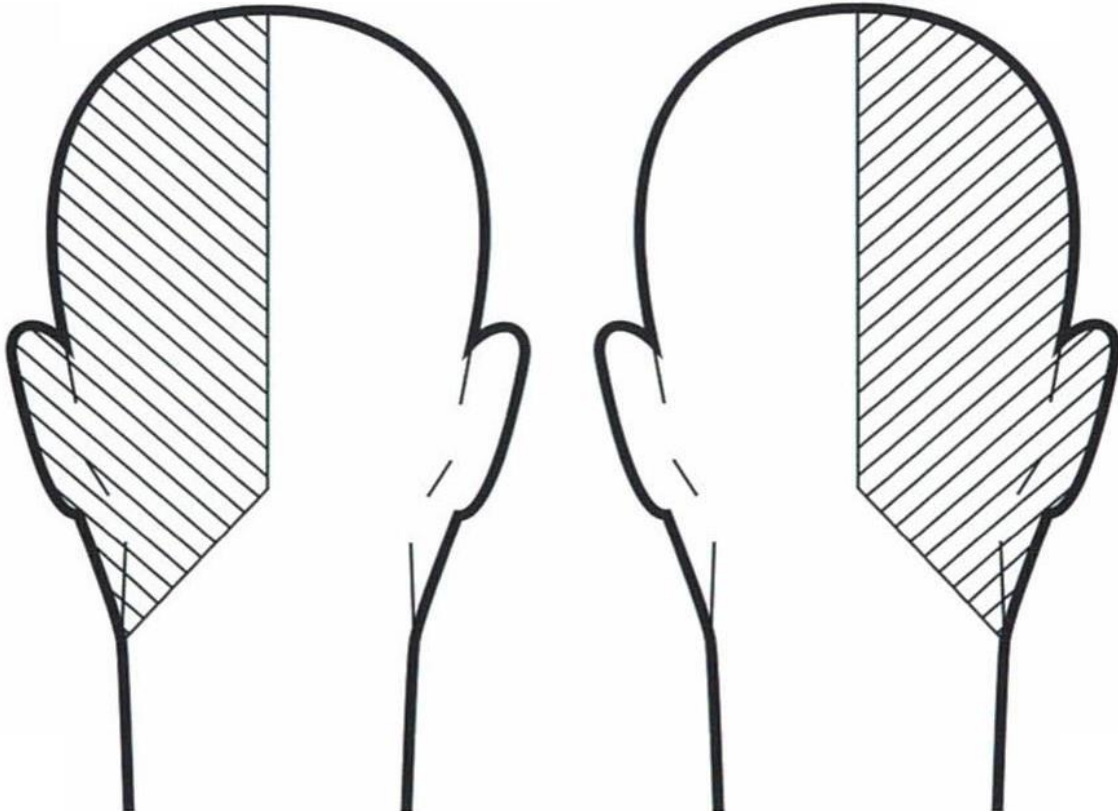
.....                  .....                  .....                  .....                  .....                  .....

Per day                  Per week                  Per month                  Per year                  # in life                  Continuous

In the case of a painful area at the junction of the neck and the skull, indicate where the pain occurs when touched and indicate the area in which it extends.

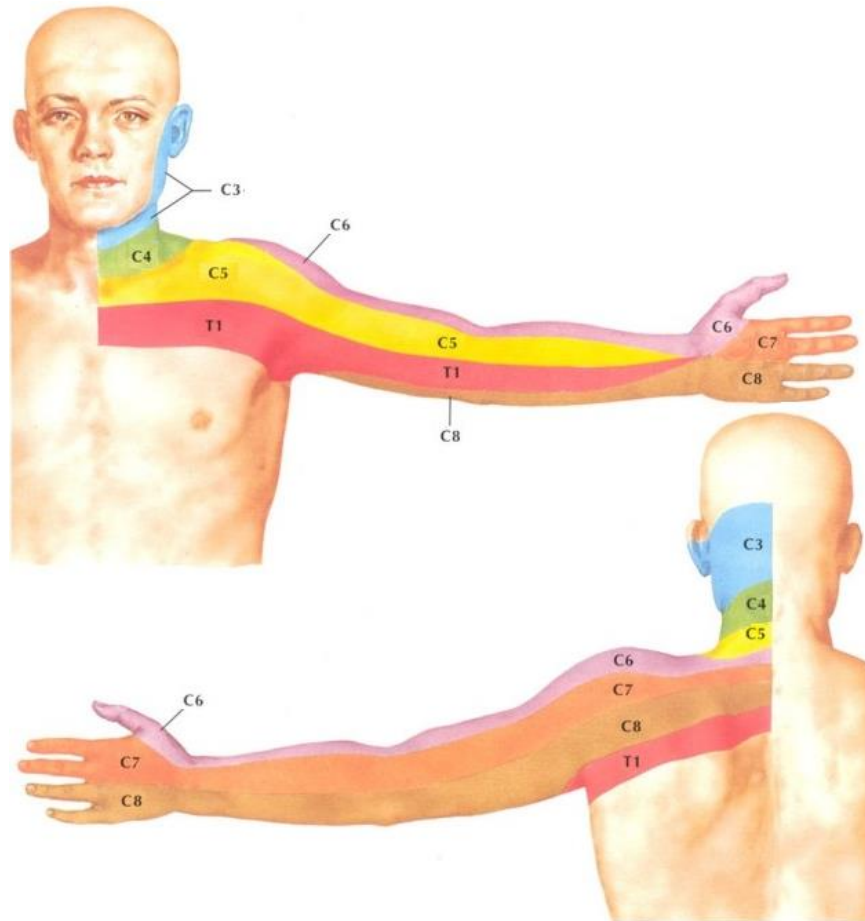
LEFT:

RIGHT:



LEFT:

- C3
- C4
- C5
- C6
- C7
- C8
- T1



RIGHT:

- C3
- C4
- C5
- C6
- C7
- C8
- T1

