

# INTERVENTIONAL SPINE SPECIALISTS

Initial Questionnaire – Part 2 – Neck Pain

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

DO YOU HAVE:

(A) Neck Pain?                      Yes                      No

    If yes, is it in the:              Middle? Yes or No

   Middle and across the neck? Yes or No

   Is the left side worse than the right? Yes or No

   Is the right side worse than the left? Yes or No

   Are the right and left sides equal? Yes or No

(B) Arm pain?                      Yes                      No

    If yes:                              Is the left arm worse than the right? Yes or No

   Is the right arm worse than the left? Yes or No

   Are the right and left arms equal? Yes or No

    Is the arm pain greater than the neck pain?              Yes              No

    Is the neck pain greater than the arm pain?              Yes              No

    Are the neck pain and arm pain equal?              Yes              No

(C) Do you have any of the following in the **right** arm?

    Numbness    Yes    or    No

    Tingling     Yes    or    No

    Weakness    Yes    or    No

(D) Do you have any of the following in the **left** arm?

    Numbness    Yes    or    No

    Tingling     Yes    or    No

    Weakness    Yes    or    No