

NECK PAIN QUESTIONNAIRE

Circle answers where appropriate

1. Where is the pain? Please draw on the picture below.
2. How would you rate your pain on a scale of 0-10 with 0 being no pain today and 10 being the worst pain that you that you have ever experienced? _____
3. When did the pain start? _____
4. Did something seem to bring on the pain? _____

5. Have you had this type of pain or location of pain before? _____
When was the first time? _____
When was the last episode? _____
Have you had previous treatment? If so give specifics. _____
6. How would you describe your pain? Circle the appropriate response. SHARP DULL ACHY
BURNING SHOOTING NUMB TINGLING CONSTANT INTERMITTENT
OTHER: _____
7. Does your neck pain radiate to your shoulder blades? _____ Which side? _____
8. Do you have pain, numbness or tingling into your arms or hands? _____
Are there any specific fingers involved? _____
9. Do you get headaches with your neck pain? _____
10. Where are the headaches located? BACK OF HEAD FOREHEAD TEMPLES
TOP OF HEAD ENTIRE HEAD RIGHT LEFT BOTH
11. Do you get any symptoms with your headache such as: NAUSEA STOMACH UPSET
VOMITTING VISUAL CHANGES SENSATIVITY TO LIGHT OR SOUND?
OTHER: _____
12. Have you seen another Doctor for this pain? _____
Have you had x-rays or other testing performed? _____
Are you taking medication? _____
13. What makes the pain better? _____
14. What makes the pain worse? _____
15. Have you had Chiropractic treatment for this or any other condition before? _____

Signature _____ Date _____

Please mark the area of pain on the figures below

