

The Spine &
Scoliosis Center

at
Carolina
Orthopaedic
Specialists

Name: _____

Date of Birth: _____

NECK QUIZ

PLEASE FILL OUT THE PAIN DRAWING. MARK THE AREAS OF THE BODY CORRESPONDING WITH WHERE YOU FEEL THE PAIN.

USE THE FOLLOWING SYMBOLS TO DISTINGUISH BETWEEN THE DIFFERENT TYPES OF PAIN.

NUMBNESS: _____

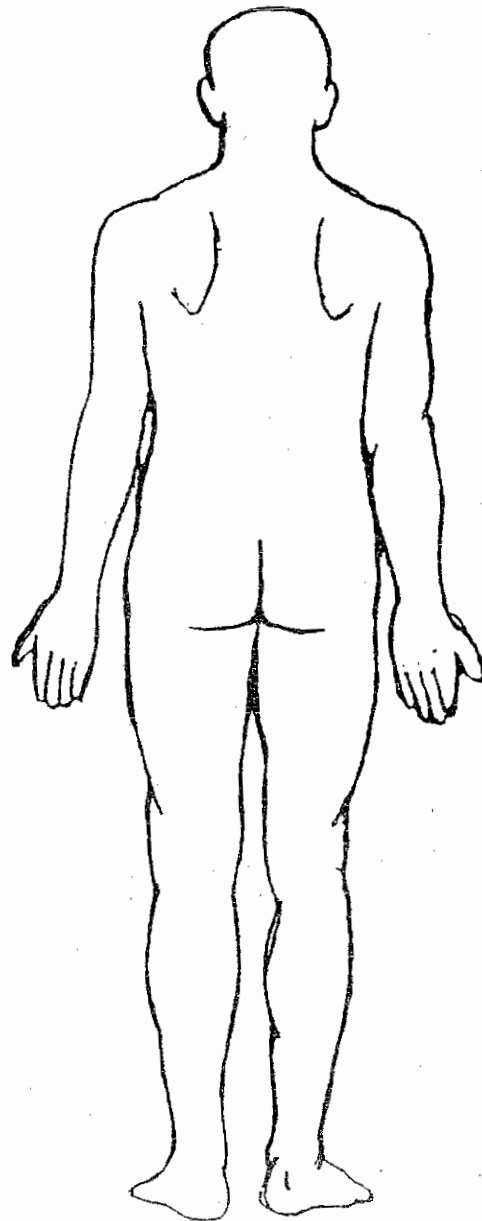
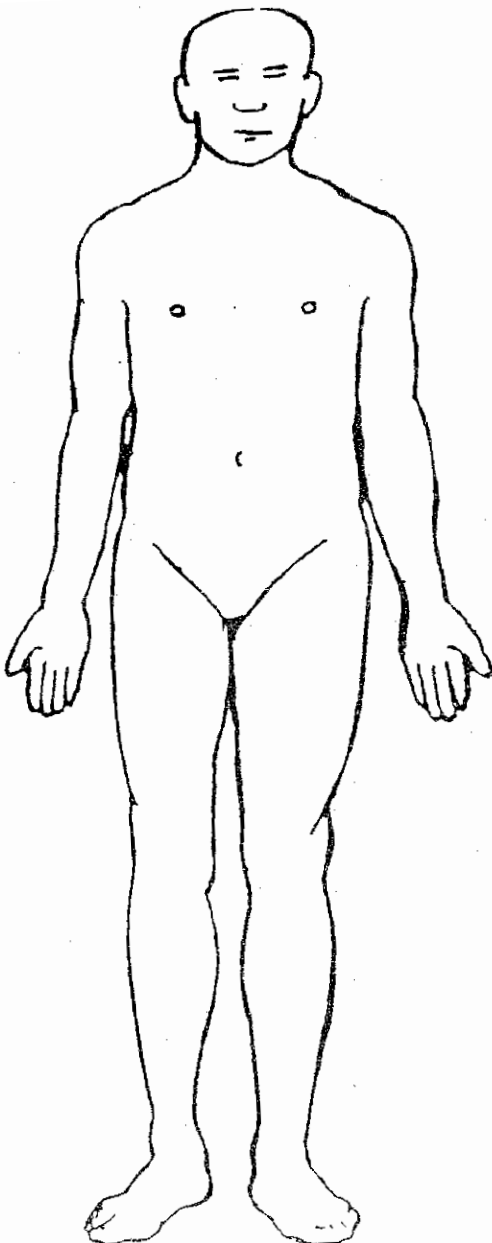
BURNING: X X X X X X X

ACHING: ++++++

PINS AND NEEDLES: O O O O O O O

STABBING: //////////////

OTHER: * * * * * * * * *



Neck Pain and Arm Pain Database

Dr. Al Geissele

Carolina Orthopaedic Specialists

Name: _____ Date _____

Age _____ Who referred you to our practice? _____

My main expectation(s) of today's visit is / are:

(Please rank 1st, 2nd, etc. if more than one)

Get a better understanding of what's wrong

Start a new treatment plan

Get reassurance that I'm ok

Establish a relationship with a new doctor

Schedule surgery

Get a 2nd opinion

Also: _____

Please fill in the blanks or circle all that apply

1. Where is the **main** pain you are here about located?

Neck

Both

L or R arm

2. About how long ago did it start?

_____ days / weeks / months ago.

3. How did it start?

No clear injury

Hurt on the job Where do you work: _____

Motor vehicle accident

Other injury _____

4. My **neck** pain is constant / comes and goes.

5. My **arm** pain is constant / comes and goes.

6. My **neck** hurts the **most** when I . . .

move it / hold it still / work on computer / lift / lay

7. My **arm(s)** hurts the **most** when I . . .

move neck / move arm / elbow bent / overhead reaching

8. I get the **best relief** when I . . .
 sit / lay / stand / take medicine / never
9. My pain is made **worse** with coughing / sneezing yes / no
10. Lately I've had repeated episodes of fever / night sweats
11. In the past 6 months, my weight has gone up / down _____ lbs.
12. Since my pain began I've had difficulty controlling urine / bowels
13. I've been treated with . . .
 Tylenol / anti-inflammatory / arthritis med
 pain med / muscle relaxants / prednisone / steroids
 physical therapy / chiropractic / massage therapy / acupuncture
 epidural injections / other injections
 surgery (list dates and doctors) _____
14. Medicines I'm currently taking for pain _____
15. How long have you been out of work because of your pain? _____
16. If you have an injury, who is your attorney? _____
17. I've had the following tests . . .
 MRI / CT Scan / myelogram / nerve test (emg / ncv) / discogram
 Where _____

18. A great deal of what happens to me is probably just a matter of chance.
 1 strongly disagree 2 disagree 3 agree 4 strongly agree
19. Everyone knows that luck or chance determines one's future.
 1 strongly disagree 2 disagree 3 agree 4 strongly agree
20. When I make plans, I am almost certain that I can make them work.
 1 strongly disagree 2 disagree 3 agree 4 strongly agree
21. I am confident of being able to deal successfully with future problems.
 1 strongly disagree 2 disagree 3 agree 4 strongly agree

22. Sometimes I feel my case is hopeless true / false
23. Things that have dissatisfied me with my care up to this point include . . .

