

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Place an X next to the sentences that apply to your present condition.**

- \_\_\_\_\_ I have reduced range of motion.
- \_\_\_\_\_ My neck is stiff and hurts to turn it from side to side.
- \_\_\_\_\_ I am unable to turn my neck to see when backing up my car.
- \_\_\_\_\_ I cannot look down to read or do other activities.
- \_\_\_\_\_ I experience headaches with the pain.
- \_\_\_\_\_ I have trouble concentrating due to the pain.
- \_\_\_\_\_ I have trouble doing housework due to the pain.
- \_\_\_\_\_ I have trouble driving my car due to the pain.
- \_\_\_\_\_ I have trouble lifting or carrying some weight due to the pain.
- \_\_\_\_\_ I have trouble *walking/standing/sitting/lying* due to the pain.
- \_\_\_\_\_ I have trouble sleeping in my normal position due to the pain.
- \_\_\_\_\_ I have trouble participating in recreational activities due to the pain.
- \_\_\_\_\_ I have trouble doing what is required of me at my work place due to the pain.
- \_\_\_\_\_ I have trouble bending over due to the pain.
- \_\_\_\_\_ I have trouble going up or down stairs due to the pain.
- \_\_\_\_\_ When I take a deep breath, I feel pain between my shoulder blades, and it radiates into my chest.
- \_\_\_\_\_ When I look down, I get a sharp pain between my shoulders.
- \_\_\_\_\_ When I hold my arms out in front of me to do house work or personal care, it increases the pain.
- \_\_\_\_\_ My sleep is disturbed due to the pain.
- \_\_\_\_\_ When I turn my head and upper body, it increases the pain, and I get spasms.
- \_\_\_\_\_ It is hard for me to take a shower or bathe comfortably due to the pain.
- \_\_\_\_\_ I walk more slowly than usual because of my *back/ hip/ leg/ knee/ ankle* pain.
- \_\_\_\_\_ I am in need of *a little/ some/ a lot of* assistance in order to do what I need to have done during the day.
- \_\_\_\_\_ Because of the pain and discomfort, I am more irritable and bad tempered with people than usual.
- \_\_\_\_\_ Because of the pain, I have less patience than usual.
- \_\_\_\_\_ I have to hold on to something to *stand up/ walk/ sit down/ lie down* to avoid exacerbating the pain.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_