

Cervical Questionnaire

Thank you for completing this questionnaire! The following questions pertain to your medical history and general health as well as general and specific information related to the condition being treated. The information is essential for your physician to evaluate and treat your condition. Routine collection of information will occur while you are under treatment and all responses will be held in the strictest confidence. The use of standardized questionnaires allows the physician to follow your perspective on pain, function and quality of life while under treatment.

Please answer each question. Some questions look alike but each is different. More detailed information may be obtained during direct interaction with your physician.

Label

SS# or ID number

Date

<https://southfloridabackspineandscoliosis.com>

Delray Beach Location
15300 Jog Rd, suite 110,
Delray Beach, Fl 33446

Fort Lauderdale Location
6400 N Andrews Suite 530,
Fort Lauderdale, Fl 33309

Modified Oswestry (Neck)

This questionnaire has been designed to give the doctor information as to how your **neck pain** has affected your ability to manage in everyday life. Please answer every section. Mark one box only in each section that most closely describes you today.

Section 1 - Pain Intensity

- ☐ I can tolerate the pain I have without having to use pain killers.
- ☐ The pain is very mild at the moment.
- ☐ The pain is very moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

Section 2 - Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally, but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self care.
- ☐ I do not get dressed and stay in bed.

Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I manage it if they are conveniently positioned, (ex. on a table).
- ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 - Reading

- ☐ I can read as much as I want to with no pain in my neck.
- ☐ I can read as much as I want to with slight pain in my neck.
- ☐ I can read as much as I want to with moderate pain in my neck.
- ☐ I can't read as much as I want because of moderate pain in my neck.
- ☐ I can hardly read at all because of moderate pain in my neck.
- ☐ I cannot read at all.

Section 5 - Headaches

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have moderate headaches which come infrequently.

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- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come frequently.
- ☐ I have headaches almost all the time.

Section 4 - Walking

- ☐ Neck pain does not prevent me walking any distance.
- ☐ Neck pain prevents me walking more than 1 mile.
- ☐ Neck pain prevents me walking more than 1/2 mile.
- ☐ Neck pain prevents me walking more than 100 yards.
- ☐ I can walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than 30 minutes.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 - Sleeping

- ☐ I sleep.
- ☐ Pain occasionally interrupts my sleep.
- ☐ Pain interrupts my sleep half of the time.
- ☐ Pain often interrupts my sleep.
- ☐ Pain always interrupts my sleep.
- ☐ I never sleep well.

Section 8 - Sex Life (if applicable)

- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☐ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents any sex life at all.

Section 9- Concentration

- 0 I can concentrate fully when I want to with no difficulty.
- 0 I can concentrate fully when I want to with slight difficulty.
- 0 I have a fair degree of difficulty in concentrating when I want to.
- 0 I have a lot of difficulty in concentrating when I want to.
- 0 I have a great deal of difficulty in concentrating when I want to.
- 0 I cannot concentrate at all.

Section 10 - Work

- 0 I can do as much work as I want to.
- 0 I can only do my usual work, but no more.
- 0 I can do most of my usual work, but no more.
- 0 I can't do my usual work.
- 0 I can hardly do any work at all.
- 0 I can't do any work at all.

Section 11 – Driving/Traveling

- 0 I can drive/travel without any neck pain.
- 0 I can drive/travel as long as I want with slight pain in my neck.
- 0 I can drive/travel as long as I want with moderate pain in my neck.
- 0 I can't drive/travel as long as I want because of moderate pain in my neck.
- 0 I can hardly drive/travel at all because of severe pain in my neck.
- 0 I can't drive/travel at all because of neck pain.

Section 12 – Social and Recreation

- 0 My social and recreational life is unchanged as a result of my neck problems.
- 0 My social and recreational life is unchanged but it increases neck pain.
- 0 My social and recreational life is unchanged but, but it severely increases neck pain.
- 0 Neck pain has restricted my social and recreational life.
- 0 Neck pain has severely restricted my social and recreational life.
- 0 I have essentially no social and recreational life because of my neck pain.

Roland-Morris

	<u>No</u>	<u>Yes</u>
a. I stay at home most of the time because of my back.	0	0
b. I change position frequently to try and get my back comfortable.	0	0
c. I walk more slowly than usual because of my back.	0	0
d. Because of my back, I am not doing any of the jobs that I usually do around the house.	0	0
e. Because of my back, I use a handrail to get upstairs.	0	0
f. Because of my back problem, I lie down to rest more often.	0	0
g. Because of my back, I have to hold onto something to get out of an easy chair.	0	0
h. Because of my back, I try to get other people to do things for me.	0	0
i. I get dressed more slowly than usual because of my back.	0	0
j. I only stand for short periods of time because of my back.	0	0
k. Because of my back, I try not to bend or kneel down.	0	0
l. I find it difficult to get out of a chair because of my back.	0	0
m. My back is painful almost all the time.	0	0
n. I find it difficult to turn over in bed because of my back.	0	0
o. My appetite is not very good because of my back pain.	0	0
p. I have trouble putting on my socks (or stockings) because of the pain in my back.	0	0
q. I only walk short distances because of my back pain.	0	0
r. I sleep less well because of my back.	0	0
s. Because of my back pain, I get dressed with help from someone else.	0	0
t. I sit down for most of the day because of my back.	0	0
u. I avoid heavy jobs around the house because of my back.	0	0
v. Because of my back problem, I am more irritable and bad tempered with people than usual.	0	0

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- | | | |
|--|---|---|
| w. Because of my back, I go upstairs more slowly than usual. | 0 | 0 |
| x. I stay in bed most of the time because of my back. | 0 | 0 |

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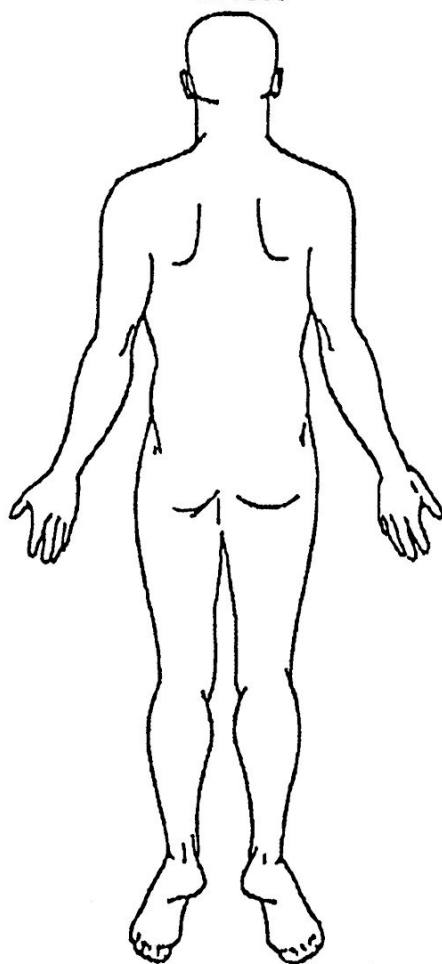
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Pain Diagram

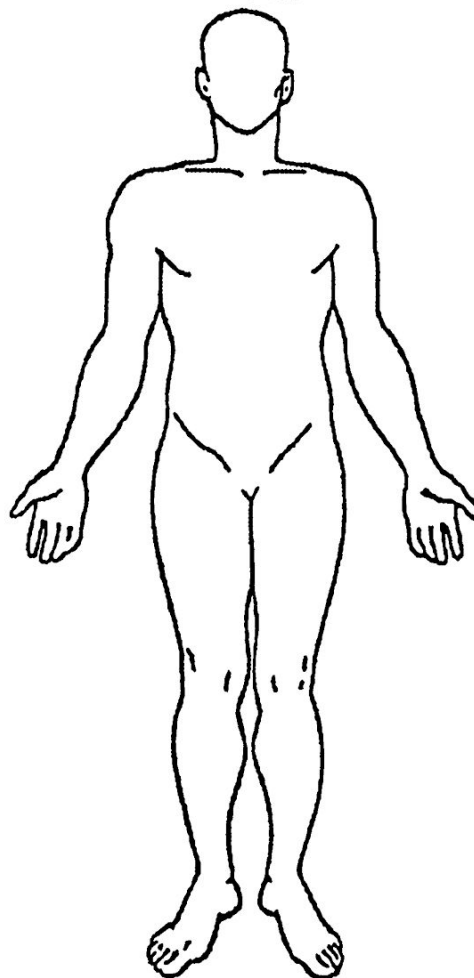
Mark the areas on your body where you feel the described sensation. Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

Tingling 0000
Pain XXXX
Numbness IIII

BACK



FRONT



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Please answer the following questions related to your CURRENT symptoms and pain as related to your neck problem.

1. During the past week how often have you had?	(Circle one response on each line that best describes your average ability)				
	<u>Never</u>	<u>Occasionally</u>	<u>Everyday</u>	<u>Many times a day</u>	<u>Always</u>
a. Neck pain	0	0	0	0	0
b. Upper back pain	0	0	0	0	0
c. Shoulder pain	0	0	0	0	0
d. Arm pain	0	0	0	0	0
e. Headaches	0	0	0	0	0
f. Numbness or tingling in your legs and/or feet	0	0	0	0	0
g. Weakness in your legs and/or feet	0	0	0	0	0

2. During the past week, how bothersome have these symptoms been?	(Circle one response on each line that best describes your average ability)					
	<u>None</u>	<u>Slightly</u>	<u>Somewhat</u>	<u>Moderately</u>	<u>Very</u>	<u>Extremely</u>
a. Neck pain	0	0	0	0	0	0
b. Back pain	0	0	0	0	0	0
c. Shoulder pain	0	0	0	0	0	0
d. Arm pain	0	0	0	0	0	0
e. Headaches	0	0	0	0	0	0
f. Numbness or tingling in your legs and/or feet	0	0	0	0	0	0
g. Weakness in your legs and/or feet	0	0	0	0	0	0

3. How long have you had the current symptoms without a break.	(Circle one response on each line that best describes your average ability)					
	<u>Never</u>	<u><2 weeks</u>	<u>2-6 weeks</u>	<u>6-12 weeks</u>	<u>3-6 months</u>	<u>≥ 6 months</u>
a. Neck pain	0	0	0	0	0	0
b. Upper back pain	0	0	0	0	0	0
c. Shoulder pain	0	0	0	0	0	0
d. Arm pain	0	0	0	0	0	0
e. Headaches	0	0	0	0	0	0
f. Numbness or tingling in your legs and/or feet	0	0	0	0	0	0
g. Weakness in your legs and/or feet	0	0	0	0	0	0

4. Select the answer that best describes where your pain hurts the most? (Circle only one of the following responses)							
a. I don't have neck or arm pain							
b. Neck pain is far worse than arm pain							
c. Neck pain is somewhat worse than arm pain							
d. Neck and arm pain hurt the same							
e. Arm pain is somewhat worse than neck pain							
f. Arm pain is far worse than neck pain							
	<u>None of The time</u>	<u>A little of the time</u>	<u>Some of the time</u>	<u>A good bit of the time</u>	<u>Most of the time</u>	<u>All of the time</u>	
5. Are your legs stiff when you walk?	0	0	0	0	0	0	
6. Do your legs shake when you walk?	0	0	0	0	0	0	
7. Do you stagger when you walk?	0	0	0	0	0	0	

Please rate your ability to do the following activities in the past week.	<u>No Difficulty</u>	<u>Mild difficulty</u>	<u>Moderate difficulty</u>	<u>Severe difficulty</u>	<u>unable</u>
8. Open a tight or new jar	0	0	0	0	0
9. Write	0	0	0	0	0
10. Turn a key	0	0	0	0	0
11. Button buttons	0	0	0	0	0

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12. Tying shoes	0	0	0	0	0
13. Use a knife and fork to cut food	0	0	0	0	0
14. Difficulty starting/stopping flow of urine?	0	0	0	0	0

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