

Where and when do you feel your pain?

In order to obtain a clear impression of your symptoms, you should start by writing them all down. Complete this questionnaire precisely, taking your time. You are, however, required to complete it on your own..., without any help. Take a few moments to leaf through it It's hard work, but that will cover all details on your neck-arm story, so doctor Zeegers will be well-informed. Maybe questions look alike to cover the same answers, but that has been done to get more detailed and reliable information.

Your data		
Name	Surname:	Forename:
Gender	Male:	Female:
Age	In years:	
Occupation		
Date of birth		
Today's date		
Address and place of residence with post code		
Telephone no(s).		
Cellular Phone no(s)		
Email		
Fax no(s).		
Have you already seen a specialist for your neck problems?	No Yes: how many specialists have you already seen? 1 - 2 - 3 - 4 or more?	
Previous operations	Date	Type of operation
Specialists seen?	Year	Specialist field of the specialist, name, hospital:
Do you smoke?	Yes/No I gave up in:	How many per day?

Physician data	
Name of physician and	
Physician adress	Street nr. City:
Physician zipcode	
Physician phone	

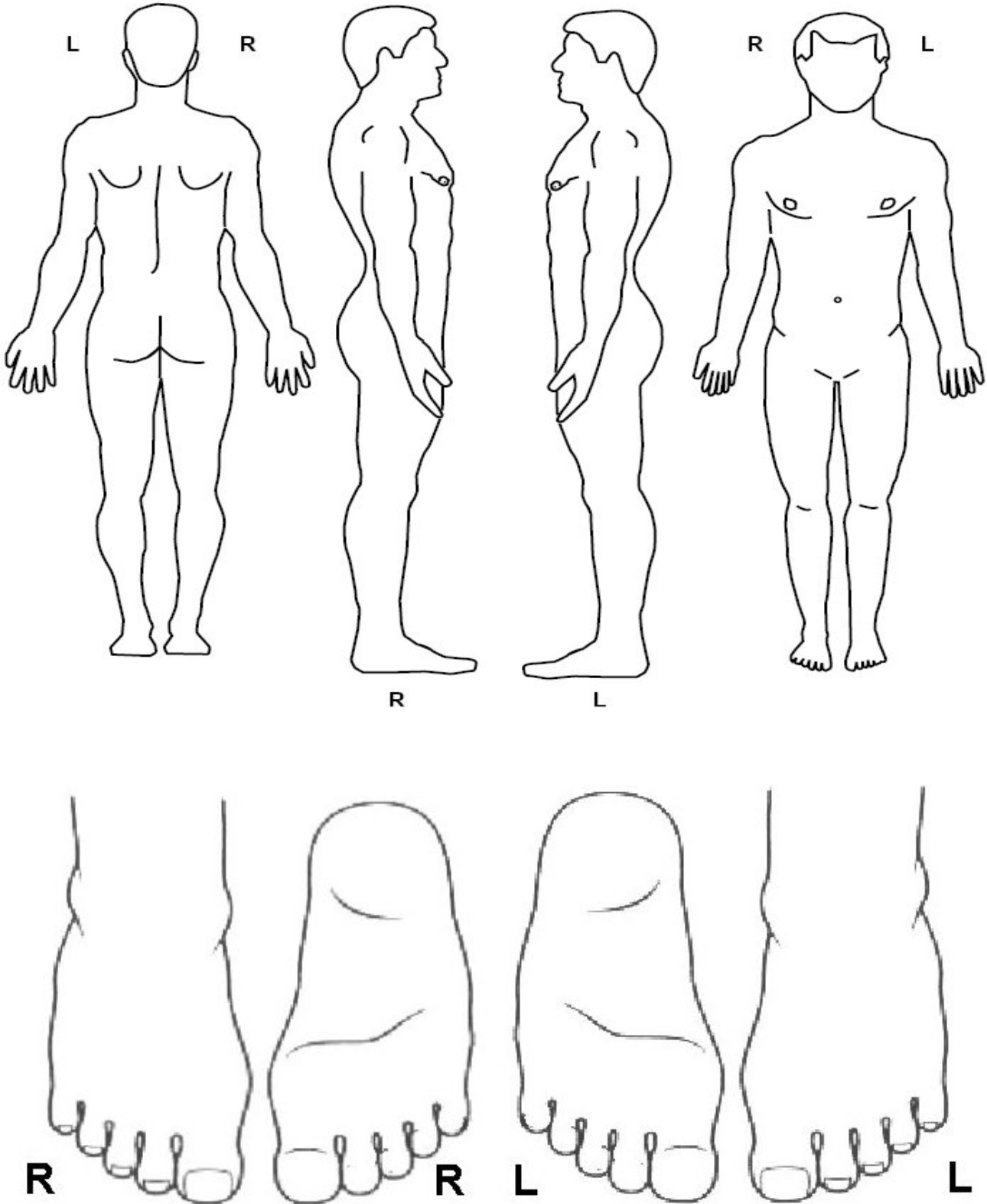
Please concentrate hard and complete this sheet with care.
You must complete this sheet yourself - not your partner

Choose signs out of list of sorts of painful sensations, not only neck + arms but also back

Tingling = ...
Burning = x x x

Deep pain = +++
Stabbing = ///

Please mark the areas with those signs where your symptoms have occurred most frequently recently:



Since when do you have significant pains?	
Was there a cause of your neck problem (like accident, heavy lifting, etc.)?	
The pain is mainly in my neck what side?	yes no right left
I have pain in my back and buttocks what side?	yes no right left
The pain is mainly in my arm what side?	yes no right left
Neck- and arm-pain are about the same	yes no
% Neckpain in proportion to % legpain Total of your pain is 100%	Neckpain % Legpain <u> %</u> + Total pain 100 %
If we could treat your neck pain only	<input type="radio"/> Yes that will be fine <input type="radio"/> No that is not enough, because ...
If we could treat your arm pain only	<input type="radio"/> Yes that will be fine <input type="radio"/> No that is not enough, because ...
If we could treat your arm weakness only	<input type="radio"/> Yes that will be fine <input type="radio"/> No that is not enough, because ...
I have pain in my foot Which part of the foot what side?	yes no <input type="radio"/> heel <input type="radio"/> sole <input type="radio"/> instep <input type="radio"/> outer <input type="radio"/> inner right left
I have pain in my toes Which toes What side?	yes no big toe little toe all toes right left
When I cough or sneeze I feel more pain	no slight yes
After laying down I have pain	no

	slight yes
When I walk I feel pain no slight yes	no slight yes
When I sit I feel pain	no slight yes
When I am standing I feel pain	no slight yes
I feel pain when I turn bend lift	no slight yes
What causes more pain: sitting standing walking laying down	sitting standing walking laying down other activities as:
Did the pain arise slowly, without any cause?	yes no
Has your leg weakened? what side?	yes no right left
Do you have loss of sensation in your leg? what side?	yes no right left
Did you have spinal surgery before? If so, when and what kind of surgery?	yes no year year year
What spinal level? what side?	right left
Which medical treatments, concerning your neck- and arm-pains, have you received in the past and how succesful were they?	
Do you have known allergic reactions	yes no

towards any medicaments?	
What symptoms get worse on coughing, sneezing, passing stool, or water?	
Do you take any hormones or the pill?	yes no
have you ever had a thrombosis? When and how?	yes no
have you done sports before the pain started?	yes no
which sports?	
how often each month?	
Do you have neck-shoulder-arm problems?	yes no
Since when neck-shoulder-arm problems?	
How was the onset of neck-arm problems?	
Is there irradiating pain to your arms?	yes no ! please indicate in drawing at page 2 !
Is there numbness in neck or arms?	yes no ! please indicate in drawing at page 2 !
The pain goes into my shoulder / arm	Right Left
What aggravates neck-shoulder-arm-pain?	
What reduces neck-shoulder-arm-pain?	
Neck-shoulder-arm-pain at night?	Often Little No/hardly
Does the pain increase turning your head?	No Yes Right Left
Does the pain increase bending your head?	No Yes Backwards Forwards
Is there irradiating pain to your fingers?	No Yes ! please indicate in drawing at page 2 !
Pins and needles in your fingers?	No Yes ! please indicate in drawing at page 2 !
Is there numbness in your fingers?	No Yes ! please indicate in drawing at page 2 !
Is there weakness in your arms?	No Yes Right Left

What are you unable to do normal because of too much pain / problems?

as a result of your NECK-ARM symptoms?	as a result of your BACK-LEG symptoms?
<input type="radio"/> running	<input type="radio"/> running
<input type="radio"/> walking	<input type="radio"/> walking
<input type="radio"/> climbing stairs	<input type="radio"/> climbing stairs
<input type="radio"/> descending stairs	<input type="radio"/> descending stairs
<input type="radio"/> standing	<input type="radio"/> standing
<input type="radio"/> sitting	<input type="radio"/> sitting
<input type="radio"/> biking	<input type="radio"/> biking
<input type="radio"/> lying down	<input type="radio"/> lying down
<input type="radio"/> standing up	<input type="radio"/> standing up
<input type="radio"/> housework	<input type="radio"/> housework
<input type="radio"/> work, such as	<input type="radio"/> work, such as
<input type="radio"/> sport, such as	<input type="radio"/> sport, such as
<input type="radio"/> lifting, how much	<input type="radio"/> lifting, how much
<input type="radio"/> bending forward	<input type="radio"/> bending forward
<input type="radio"/> stretching backwards	<input type="radio"/> stretching backwards
<input type="radio"/> turning	<input type="radio"/> turning
<input type="radio"/> sleeping	<input type="radio"/> sleeping
<input type="radio"/> driving	<input type="radio"/> driving
<input type="radio"/> sex	<input type="radio"/> sex
<input type="radio"/> other, such as	<input type="radio"/> other, such as

Your pain is

gone	% of the time recently
slight	% of the time recently
mild	% of the time recently
restrictive	% of the time recently
severe	% of the time recently
very severe	% of the time recently
unbearable	% of the time recently

Your pain is

At this moment:	gone	slight	mild	restrictive	severe	very severe	unbearable
At its worst:	gone	slight	mild	restrictive	severe	very severe	unbearable
At its best:	gone	slight	mild	restrictive	severe	very severe	unbearable

I have had the symptoms for year(s) / months

The symptoms are changeable the same increasing decreasing

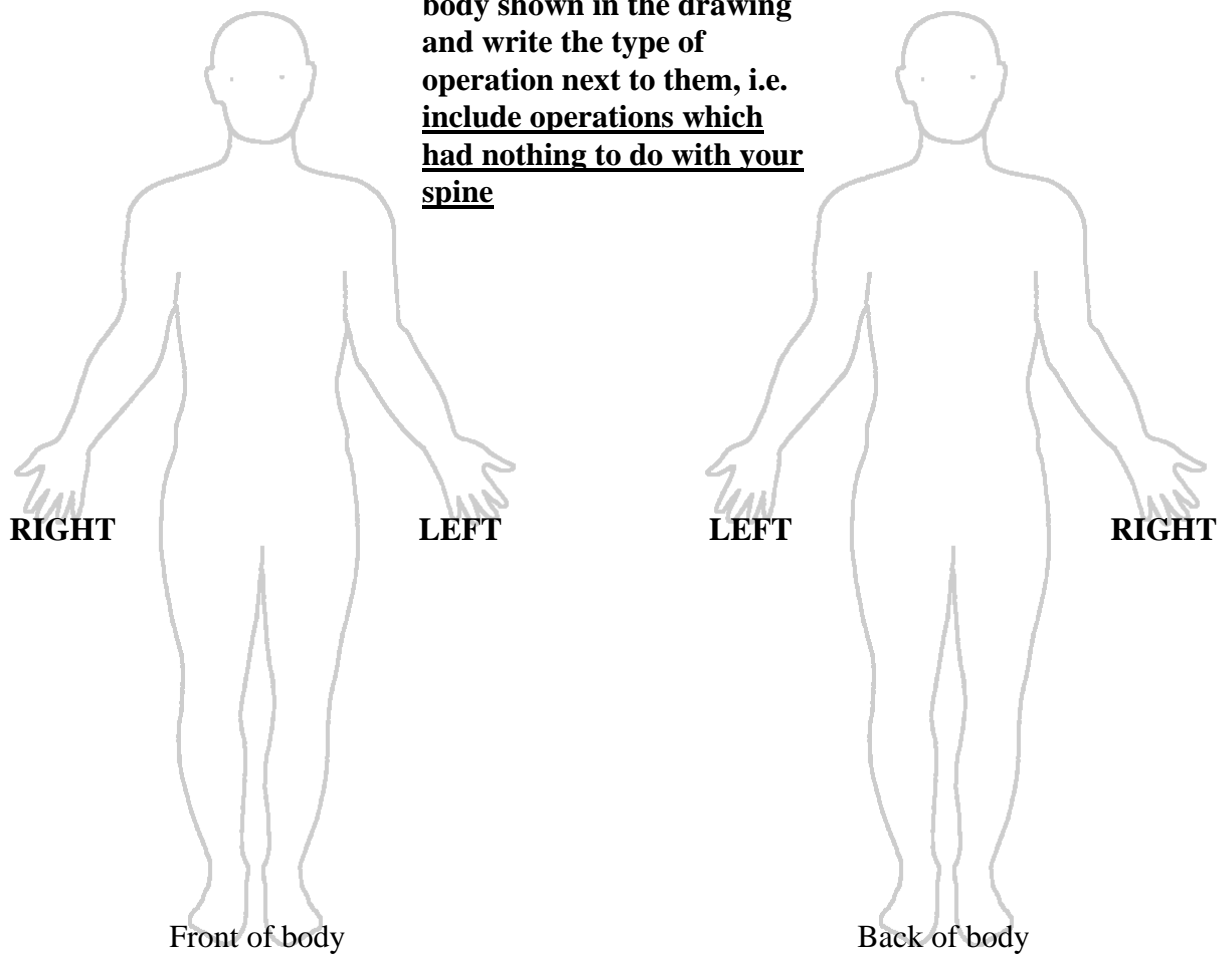
Have you previously had spinal surgery?

0 No
(continue to the next question)

Yes, the following:

- 1 Hernia operation = surgical removal of a hernia with exposure of the nerve root
- 2 Discography = visual examination of the discs with needles through the skin
- 3 Percutaneous nucleotomy = combination of discography and “aspiration” of the hernia
- 4 Chemonucleolysis = aspiration or syringing away of the herniated disk with a needle through the skin
- 5 Foraminotomy = enlargement of the root canal
- 6 Via the backside: arthrodesis (fusion) operation without screws
- 7 Via the backside: arthrodesis (fusion) operation with screws
- 8 Via the backside: combination of nerve root exposure and arthrodesis without screws
- 9 Via the backside: combination of nerve root exposure and arthrodesis with screws
- 10 Via the backside: temporary fixation with pins (Olerud or Magerl fixation)
- 11 Via the abdomen: arthrodesis (fusion) surgery
- 12 Via the abdomen: artificial disc prosthesis
- 13 Other:

Enter all your scars from all your operations in the body shown in the drawing and write the type of operation next to them, i.e. include operations which had nothing to do with your spine



What type of activities do you undertake?

1. Principally sedentary activity, i.e. sitting for _____ hours at a time
2. Alternate sitting - standing: Sitting for _____ hours at a time. Standing for _____ hours at a time
3. Physically arduous activity, such as
4. Heavy physical activity, such as
5. Physically undemanding activity, because
6. Other activities:

What activities at work are made more difficult by your neck-arm problems?

.....

.....

What other activities in your everyday life are more difficult by your neck-arm problems?

.....

.....

In what sort of employment are you?

1. I have undertaken no paid employment in the past ten years, I am not employed.
2. I stopped working on
3. I work full-time (as an employee)
4. I work full-time (independent, self-employed)
5. I work part-time (as an employee)
6. I work part-time (independent, self-employed)
7. I am unemployed and receive benefits under the local law regulations relating to incapacity for work as a result of spine problems. This has been the case since
8. I am unemployed and receive benefits under the local law regulations relating to incapacity for work because of other health problems. This has been the case since
9. I am unemployed and do not receive benefits under the local law regulations relating to incapacity for work. This has been the case since
10. I work part-time as an employee and receive some benefits under the local law regulations relating to incapacity for work. This has been the case since
11. I work part-time independently and receive some benefits under the local law regulations relating to incapacity for work. This has been the case since

Period of benefits under the local law regulations relating to sick pay or to incapacity for work

1. I receive no benefits under the local law regulations relating to sick pay or to incapacity for work.
2. local law regulations relating to sick pay 0 - 3 months
3. local law regulations relating to sick pay 4 - 6 months
4. local law regulations relating to sick pay 7 - 12 months
5. local law regulations relating to incapacity for work 1 - 2 years
6. local law regulations relating to incapacity for work 3 - 5 years
7. local law regulations relating to incapacity for work over 5 years

What do you expect from this (new) consultation with the doctor today?

.....

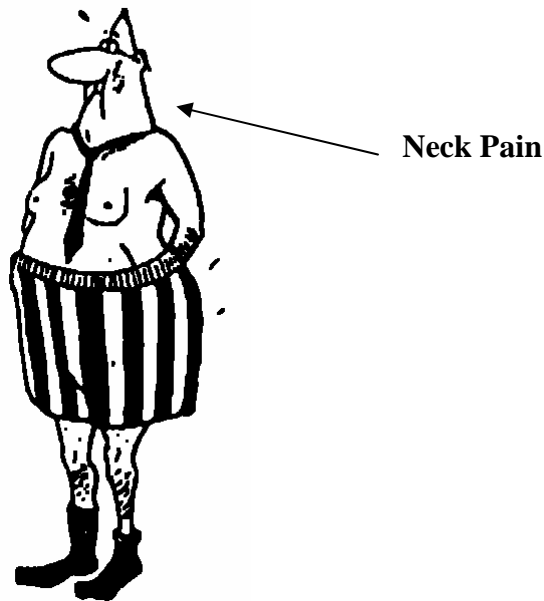
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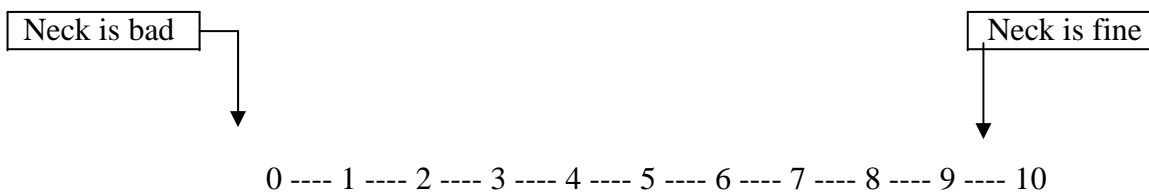
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ATTENTION! First we would like you to tell us about your NECK pain, and on the next page we will deal with the ARM pain. So read both pages through carefully before answering.



**Make an assessment of your NECK (circle one of the numbers).
In other words, the worse your neck, the lower the number!**

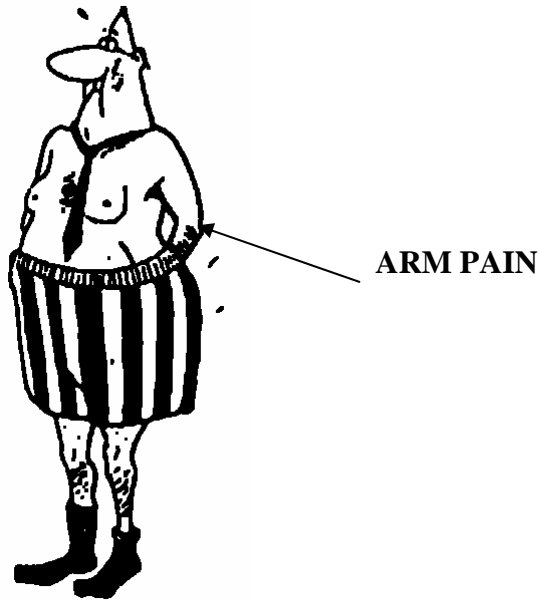


Neck pain

1. I have no Neck problems
2. Always, i.e. I am never without neck pain anymore
3. It varies, there are times when I have no neck pain

Does the neck-arm pain decrease when you are at rest (e.g. when you are lying in bed)?

1. Yes
2. No
3. Sometimes



**Make an assessment of your ARMS (circle one of the numbers).
In other words, the worse your arm, the lower the number!**

Right arm is bad **RIGHT ARM** Right arm is fine

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10

Left arm is bad **LEFT ARM** Left arm is fine

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10

Arm pain

1. I have no arm pain
2. Always, i.e. I am never without leg pain anymore
3. It varies, there are times when I have no leg pain

**I have had the arm pain since (day/month/year)/...../.....
or for months now.**

Does the arm pain decrease when you are at rest (e.g. when you are lying in bed)?

1. Yes
2. No
3. Sometimes

NECK-ARM PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I have a great deal of difficulty in concentrating when I want to. F I cannot concentrate at all.</p>
<p><i>SECTION 2 -Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><i>SECTION 7 - Work</i></p> <p>A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.</p>	<p><i>SECTION 8 - Driving</i></p> <p>A I can drive my car without any neck pain. B I can drive my car as long as I want with slight pain in my neck. C I can drive my car as long as I want with moderate pain in my neck. D I cannot drive my car as long as I want because of moderate pain in my neck. E I can hardly drive at all because of severe pain in my neck. F I cannot drive my car at all.</p>
<p><i>SECTION 4 - Reading</i></p> <p>A I can read as much as I want to with no pain in my neck. B I can read as much as I want to with slight pain in my neck. C I can read as much as I want to with moderate pain in my neck. D I cannot read as much as I want because of moderate pain in my neck. E I cannot read as much as I want because of severe pain in my neck. F I cannot read at all.</p>	<p><i>SECTION 9 - Sleeping</i></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is mildly disturbed (1-2 hours sleepless). D My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)</p>
<p><i>SECTION 5 - Headaches</i></p> <p>A I have no headaches at all. B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all. B I am able to engage in all of my recreational activities with some pain in my neck. C I am able to engage in most, but not all of my recreational activities because of pain in my neck. D I am able to engage in a few of my recreational activities because of pain in my neck. E I can hardly do any recreational activities because of pain in my neck. F I cannot do any recreational activities at all.</p>

COMMENTS: _____
