



**DR ANIL NAIR**  
**Spinal Surgeon**  
 BMed, FRACS  
 PO BOX 8139  
 Westpoint Blacktown 2148  
 NSW Australia  
 P 02 8824 4944  
 F 02 9012 0099  
 E [info@sydneyspinedoc.com.au](mailto:info@sydneyspinedoc.com.au)  
 W [sydneyspinedoc.com.au](http://sydneyspinedoc.com.au)  
**Practice Locations:**  
 Sydney | Western Sydney  
 Miranda | South Coast

# Cervical Questionnaire

To be completed by the PATIENT (in Doctors rooms)

Place patient label sticker here

**Directions:** The following standardised questionnaires have been designed to give the doctor information about your general health and how your neck/arm pain has affected your ability to manage your everyday life. **Please answer every question. Mark only one answer for each question.** Where a range of statements are provided, please mark only the one that most closely describes your situation.

### Office use only

MRN	
BMI	
VAS (Neck)	
VAS (Arm)	
NDI	

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

To assist us with any queries regarding this or future questionnaires, would you be so kind to please provide your preferred contact details:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you had previous surgery related to your current symptoms?  Yes  No
2. If YES, please provide details (date, procedure, surgeon, levels, outcome ect.)

3. For how long have you had the symptoms for which you are here today? \_\_\_\_\_ months
4. What was the precipitant of your symptoms (ie was there an injury)?  Yes  No
5. Does your neck/arm pain prevent you carrying out normal daily activities (i.e. work or home duties)?  Yes  No
6. If YES, for how long have you been unable to carry out normal daily activities? \_\_\_\_\_ months

7. **Are you a smoker?** O Yes      O No
8. **If YES, how many per day?** \_\_\_\_\_ per day

9. **Please list the type and frequency of the pain relief medication you have used *on average during the last week* for your neck/arm pain.**

	<i><b>Usages Per Day</b></i>			
	None/ Occasionally	Some Days	Everyday (once or twice)	Several times a day
(i) Prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Non-prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. **Please indicate if you have any of the below symptoms (if yes, please tick the box and provide details ie location, severity, frequency ect)**

- Weakness (ie foot drop) \_\_\_\_\_
- Numbness \_\_\_\_\_
- Pins and Needles \_\_\_\_\_
- Balance Impairment \_\_\_\_\_
- Gait Disturbance (ie limping, leaning ect.) \_\_\_\_\_
- Bowel or Bladder Dysfunction \_\_\_\_\_

11. **Please indicate is your condition...**

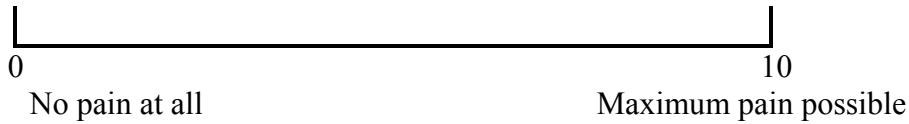
- Getting Worse
- The same over time
- Getting better since original onset

12. **Is your current health predicament the subject of a workers compensation or third party accident insurance claim?** O Yes      O No

# PLEASE ANSWER EVERY QUESTION

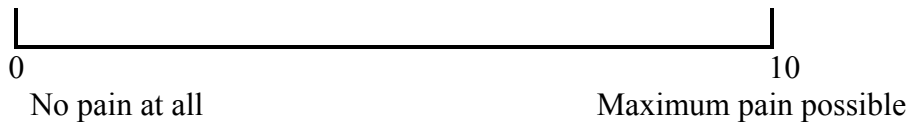
1. With regard to your NECK pain, please mark (with a “X” on the lines below) the amount of pain you have had in the last week:

NOT APPLICABLE (no NECK pain)



2. With regard to your ARM pain, please mark (with a “X” on the lines below) the amount of pain you have had in the last week:

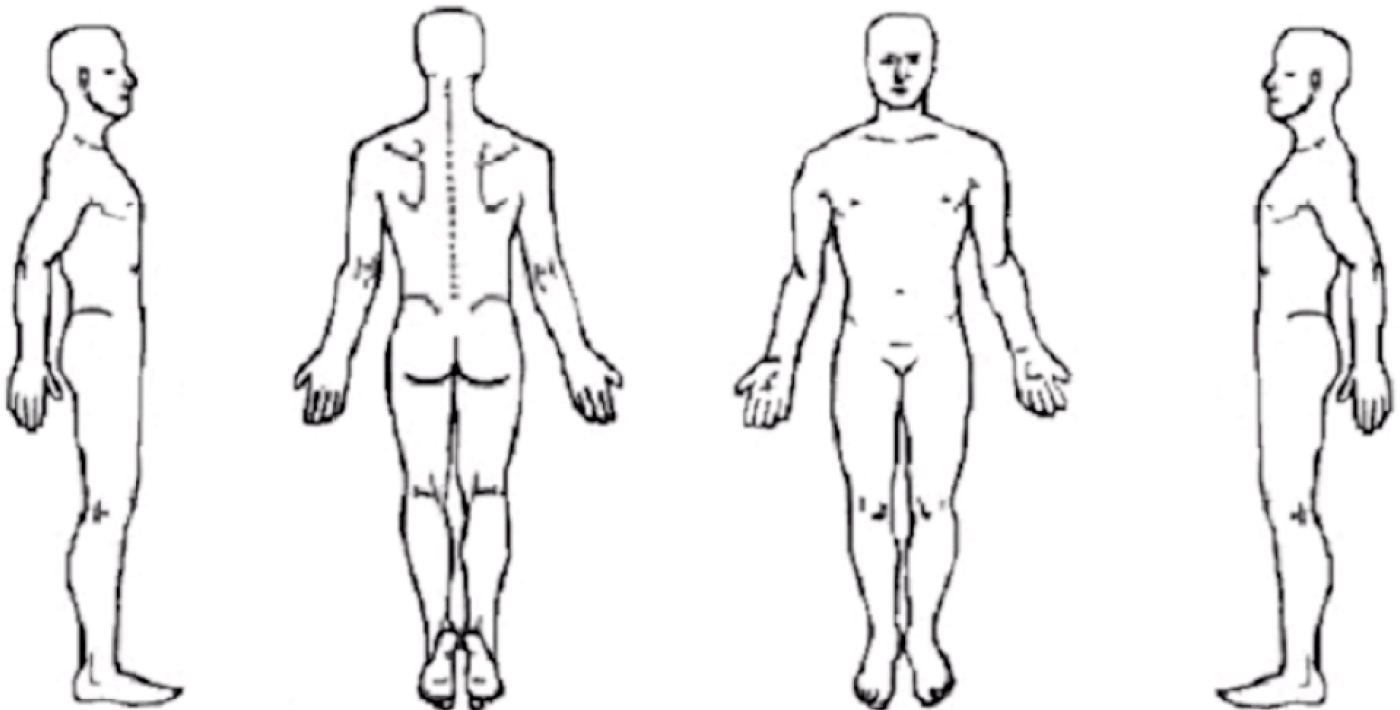
NOT APPLICABLE (no ARM pain)



3. Please indicate on the below diagram areas where you are experiencing pain and numbness.

Indicate ‘pain’ using the letter ‘P’

Indicate ‘numbness’ using the letter ‘N’



Right

Back

Front

Left

**PLEASE TURN PAGE TO CONTINUE THE QUESTIONNAIRE**

## **PLEASE ANSWER EVERY QUESTION**

*Where a range of statements are provided, please mark only the answer that most closely describes your situation.*

### **1. Pain intensity (mark only one answer)**

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is 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..

### **2. Personal Care (washing, Dressing, etc.) (mark only one answer)**

- I can look after myself without it 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 everyday in most aspects of self care.
- I do not get dressed, I wash with difficulty and stay in bed.

### **3. Lifting (mark only one answer)**

- 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 can manage if they are conveniently positioned, for example 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 very light weights.
- I cannot lift or carry anything at all.

### **4. Reading (mark only one answer)**

- 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 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 severe pain in my neck.
- I cannot read at all.

### **5. Headache (mark only one answer)**

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

**PLEASE TURN PAGE TO CONTINUE THE QUESTIONNAIRE**

## **PLEASE ANSWER EVERY QUESTION**

*Where a range of statements are provided, please mark only the answer that most closely describes your situation.*

### **6. Concentration** (mark only one answer)

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

### **7. Work** (mark only one answer)

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

### **8. Driving** (mark only one answer)

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

### **9. Sleeping** (mark only one answer)

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless)
- My sleep is mildly disturbed (1 -2 hours sleepless)
- My sleep is moderately disturbed (2 -3 hours sleepless)
- My sleep is greatly disturbed (3 -5 hours sleepless)
- My sleep is completely disturbed (5 -7 hours sleepless)

### **10. Recreation** (mark only one answer)

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities, with some pain in my neck.
- I am able to engage in most, but not all my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all.