Princess Alexandra Hospital
Metro South Health

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STATE
POSTCODE:

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Date:
DOB:
Ref ID:

Princess Alexandra Hospital
Spinal Surgical Services, Specialised Spinal Care

Orthopaedic Spinal Surgeons

Dr Kate Campbell   Dr Dihan Aponso   Dr John Albietz

NECK SURVEY

Dear Sir/Madam

You have been referred to see one of the spinal surgeons at the Princess Alexandra Hospital. To assist us in understanding your condition and categorising the urgency of your problem, please complete this form, as well as the attached pain diagram and questionnaire as **ACCURATELY** as possible.

In the meantime, should your condition worsen, you should see your General Practitioner as soon as practical. Ensure that whilst you are waiting, you are fully informed of all the treatment options available for the management of your condition.

Name:	Age:		
Problems (tick one or more)	□ Back Pain □ Sciatica	□ Neck Pain □ Arm Pain	□ Scoliosis □ Other
How long have you had the problem?	Weeks	Months	Years
Have you had surgery for this problem?	YES	NO	
If surgery or other interventions were suggested would you consider these options?	YES	NO	

NECK PAIN QUESTIONNAIRE

Patient Name: ***Ref ID:***

This questionnaire has been designed to give the doctor information about how your neck pain has affected your ability to manage in everyday life. Please **answer each section** and mark in each section **only one box** that applies best to you. We realise that you may consider that two of the statements may apply to you, but just mark the box that most closely describes your problem.

1. Pain intensity

- ☐ I have no pain at the moment
- ☐ The pain is 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)

- ☐ I can look after myself normally without 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 personal care
- ☐ I do not get dressed, wash with difficulty and stay in bed

3. Lifting

- ☐ I can lift heavy objects without extra pain
- ☐ I can lift heavy objects but it gives extra pain
- ☐ I can only lift heavy objects if they are conveniently positioned
- ☐ I can only lift light/medium objects if they are conveniently positioned
- ☐ I can only lift very light objects
- ☐ I cannot lift or carry anything at all

4. Reading

- ☐ I can read as long as I wish without pain
- ☐ I can read as long as I wish but it causes slight neck pain
- ☐ I can read as long as I wish but it causes moderate neck pain
- ☐ I can't read as long as I want because of moderate neck pain
- ☐ I can hardly read at all because of severe neck pain
- ☐ I cannot read at all

5. Headaches

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

6. Concentration

- ☐ I can concentrate fully with no difficulty
- ☐ I can concentrate fully with slight difficulty
- ☐ I have a mild degree of difficulty in concentrating
- ☐ I have a moderate degree of difficulty in concentrating
- ☐ I have a severe difficulty in concentrating
- ☐ I cannot concentrate at all

7. Work

- ☐ 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

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

9. Sleeping

- ☐ 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

- ☐ I can do all my recreation activities with no neck pain
- ☐ I can do all my recreation activities with some neck pain
- ☐ Pain mildly restricted my usual recreation activities
- ☐ Pain moderately restricts my usual recreational activities
- ☐ I can hardly do any recreation activities because of neck pain
- ☐ I can't do any recreation activities at all

OFFICE USE ONLY _________/_______ ____________%

NECK PAIN QUESTIONNAIRE

PAIN SCALE

Mark on the line the **AVERAGE** level of your **NECK PAIN** in the past week.

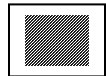
No pain 0 ________________________________ 10 Worst pain imaginable

Mark on the line the **AVERAGE** level of your **ARM PAIN** in the past week

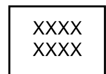
No pain 0 ________________________________ 10 Worst pain imaginable

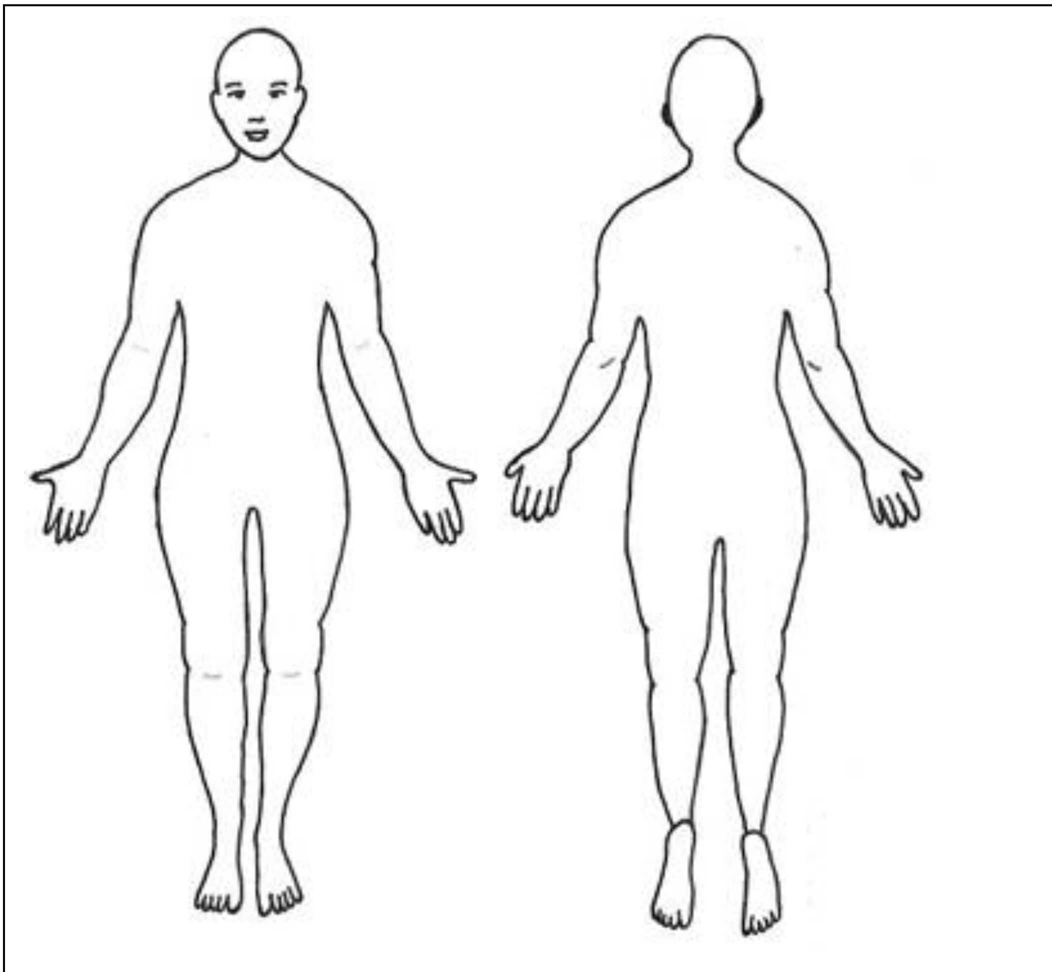
PAIN DIAGRAM

Mark areas of **PAIN** that you have on the diagram using **SHADING**



Mark areas of **TINGLING** or **PINS AND NEEDLES** with **CROSSES**





Patient Name: ***Ref ID:***