

NECK PAIN:

1. My neck pain began: () gradually () suddenly
2. I have pain: () sometimes () all of the time
3. My pain goes into my: () right arm () left arm () both
4. I have tingling and/or numbness in my: () right arm () left arm () both
5. My pain is worse when I:
- cough or sneeze () Yes () No
 - bend forward () Yes () No
 - lift () Yes () No
 - push () Yes () No
 - pull () Yes () No
 - turn my head () Yes () No
6. My pain wakes me up during the night () Yes () No
7. Changes in the weather affect my pain () Yes () No
8. I have neck stiffness () Yes () No
9. I have headaches () Yes () No
10. If I do get headaches, they occur: () sometimes () all of the time

OTHER PAIN:

Please describe any current medical complaints which you are experiencing and were not previously covered on this questionnaire, or list any additional comments you wish to make regarding your condition:

JOB DESCRIPTION:

(In terms of an 8-hour workday, "occasionally" means 33%, "frequently" means 34% to 66%, and "continuously" means 67% to 100% of the day).

1. In a typical 8-hour workday, I: (Circle # of hours / activity)

Sit: 1 2 3 4 5 6 7 8 hours

Stand: 1 2 3 4 5 6 7 8 hours

Walk: 1 2 3 4 5 6 7 8 hours

2. On the job, I perform the following activities:

	NOT AT ALL	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
Bend / stoop	()	()	()	()
Squat	()	()	()	()
Crawl	()	()	()	()
Climb	()	()	()	()
Reach above shoulder level	()	()	()	()
Crouch	()	()	()	()
Kneel	()	()	()	()
Balancing	()	()	()	()
Pushing / Pulling	()	()	()	()