

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	()	()	()	()