



### Directions

- Use a #2 soft pencil for marking.
- Only one answer per question allowed
- Completely fill in boxes to record answers.

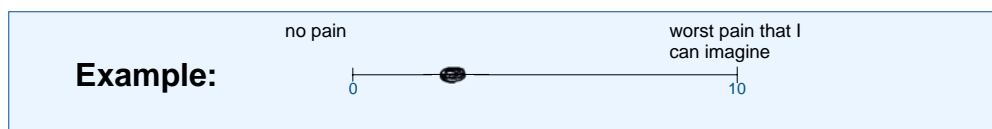
Last name		First name		Gender
Street			M.R.N.	
Country Code	Zip Code	City		
Occupation	Birthdate (DD.MM.YYYY)		Telephone	

**Neck problems** can lead to neck pain and/or pain in the arm/shoulder region, as well as to sensory disturbances such as tingling, 'pins and needles' or numbness in any of these regions.

**1** Which of the following problems troubles you **the most**? Please tick **ONE BOX only**.

- neck pain
- arm/shoulder pain
- sensory disturbances in the back/leg/buttocks, e.g. tingling, 'pins and needles', numbness
- none of the above

**2** For the following 2 questions (2a and 2b) we would like you to indicate the severity of your pain, by drawing a mark on the line from 0 to 10 (where "0" = no pain, "10" = worst pain you can imagine). There are separate questions for **neck pain** and for **arm/shoulder pain**.



**2a** How severe was your **neck pain** in the last week?



**2b** How severe was your **arm/shoulder pain** in the last week?



**3** During the **past week**, how much did your neck problem **interfere with your normal work** (including both work outside the home and housework)?

- not at all
- a little bit
- moderately
- quite a bit
- extremely

**4** If you had to spend **the rest of your life with the symptoms you have right now**, how would you feel about it?

- very satisfied
- somewhat satisfied
- neither satisfied nor dissatisfied
- somewhat dissatisfied
- very dissatisfied

Please go to the next page...

