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 neck/arm/shoulder, 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 ticking the appropriate box (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?
   - no pain
   - worst pain that I can imagine

2b How severe was your arm/shoulder pain in the last week?
   - no pain
   - worst pain that I can imagine

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

5 Please reflect on the last week. How would you rate your quality of life?
   - very good
   - good
   - moderate
   - bad
   - very bad
6. During the past 4 weeks, how many days did you cut down on the things you usually do (work, housework, school, recreational activities) because of your neck problem?
   - none
   - between 1 and 7 days
   - between 8 and 14 days
   - between 15 and 21 days
   - more than 21 days

7. During the past 4 weeks, how many days did your neck problem keep you from going to work (job, school, housework)?
   - none
   - between 1 and 7 days
   - between 8 and 14 days
   - between 15 and 21 days
   - more than 21 days

Answer the following questions only if you are completing this questionnaire AFTER the treatment.

8a. Did any complications arise as a consequence of your treatment in our institution (e.g. problems with wound healing, paralysis, sensory disturbances)?
   - no
   - yes, please describe these: .................................................................

8b. How bothersome were these complications?
   - not at all bothersome
   - slightly bothersome
   - moderately bothersome
   - very bothersome
   - extremely bothersome

9. Since the treatment in our institution, have you had any further treatment(s) on your cervical spine (neck) in our or in other institutions?
   - no
   - yes, but at a different level of the spine.
   - yes, at the same level of the spine (same segment)

10. Over the course of treatment for your neck problem, how satisfied were you with your overall medical care in our institution?
    - very satisfied
    - somewhat satisfied
    - neither satisfied nor dissatisfied
    - somewhat dissatisfied
    - very dissatisfied

11. Overall, how much did the treatment in our institution help your neck problem?
    - helped a lot
    - helped
    - helped only little
    - didn’t help
    - made things worse

Signature: .................................................................................