

PRIMARY NECK PROFILE

Name: _____

Date: _____

Please **CIRCLE** the appropriate answer or complete the needed information.

- YES NO 1. Is this the **FIRST TIME** you have experienced a **NECK COMPLAINT**?
- YES NO 2. Do you have a **NECK** complaint **TODAY**?
- YES NO 3. Are you **PRESENTLY** in Pain? a) mild b) moderate c) moderate to severe d) severe
- YES NO 4. Do you have an exact **DATE** of onset? Date: _____
- YES NO 5. Have you been in this kind of pain before?
6. Did your present symptoms begin? a) gradually b) suddenly
7. Are your present symptoms? a) constantly b) intermittently
8. Are your present symptoms? a) same b) improving c) worsening
9. Your low back pain is **LOCATED** mostly on the: a) right b) left c) both sides d) middle
10. How is your stress level at: Home: _____ Work: _____

On a scale of 1 - 10 (1 = excellent, 10 = very poor) please indicate where you are at:

Disability :	1 2 3 4 5 6 7 8 9 10	Strength:	1 2 3 4 5 6 7 8 9 10
Impairment:	1 2 3 4 5 6 7 8 9 10	Endurance:	1 2 3 4 5 6 7 8 9 10
Range of Motion:	1 2 3 4 5 6 7 8 9 10		

PAIN DRAWING

Mark where you have pain or altered sensation

P = Pain / Soreness

T = Tingling

B= Burning

N = Numbness

S = Stiffness

Notes: _____

11. Does your neck discomfort **INTERFERE** with:

nothing work bending sitting driving standing walking daily routine
getting up from chair sleep looking down or up

other: _____

12. What **AGGRAVATES** your neck discomfort?

nothing bending reaching pushing climbing reaching sitting driving water bed
coughing sneezing lifting blowing nose squatting soft chair

other: _____

YES NO 13. Are you experiencing a **LOSS OF STRENGTH** in arms, fingers or wrists?

14. Have you recently made any major **LIFESTYLE CHANGES** such as?

changed beds chairs that you frequently sit in home furniture office furniture changed job
seperation divorce widowed sudden stress nothing new change in weight change in exercise

other: _____

15. Pick the words that most closely describes your **NECK SYMPTOM(S)**.

not painful, but feels different uncomfortable achy dull pain deep pain pins and needles
constant pain stiff feeling catching very stiff feeling sudden sharp stabs
electrical shock numbness grabbing shooting pain burning pain

other: _____

16. Pick the word(s) that most closely describes how your **NECK FEELS**.

neck feels tight pain with movement neck motion is stopped by pain neck cramps or spasms
can't stand straight neck feels weak or unstable with movement
neck joints make noises: pop, grind, click neck catches or grabs with movement

other: _____

17. Have your present neck **SYMPTOMS VARIED** in:

no variations location of discomfort intensity frequency of discomfort alteration of discomfort

other: _____

18. Indicate when you noticed your present neck symptoms.

began overnight on getting out of bed on bending over driving twisting
woke up with pain with physical exertion fall lifting sudden movement
misstep with usual daily activities sudden onset, no reason cough/sneeze

Specific injury: _____ other: _____

19. What **RELIEVES** your neck pain?

nothing stretches standing walking
ice sitting medication laying on your back with legs elevated
laying on your stomach standing in a stooped posture heat physical activity
massage curling up into ball exercise

other: _____

20. **BEFORE** having your present condition were you experiencing?

No prior symptoms

occasional catches or jabs

neck pain with exercise

painful to vaccum

ache to stand and wash at kitchen sink

pain to stand in line for short periods of time

neck has felt weak or lacked strength, but has never pained or locked until now

bending forward has always been difficult, looking down causes pain

other:

Comments and additional information:
