

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

**Spine, Neck and Arm Pain
New Patient Questionnaire**

Name: _____ Date: _____

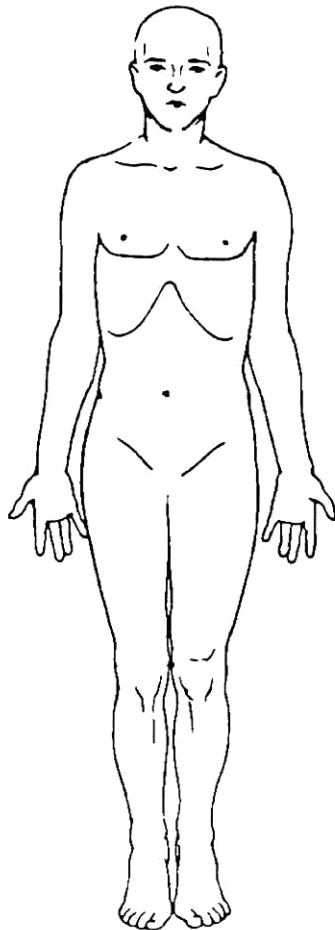
Your cooperation in answering all these questions is greatly appreciated.
This will help in your evaluation.

PAIN DRAWING

This pain drawing will help us understand the pain you have been experiencing.
Please diagram your pain using the following symbols:

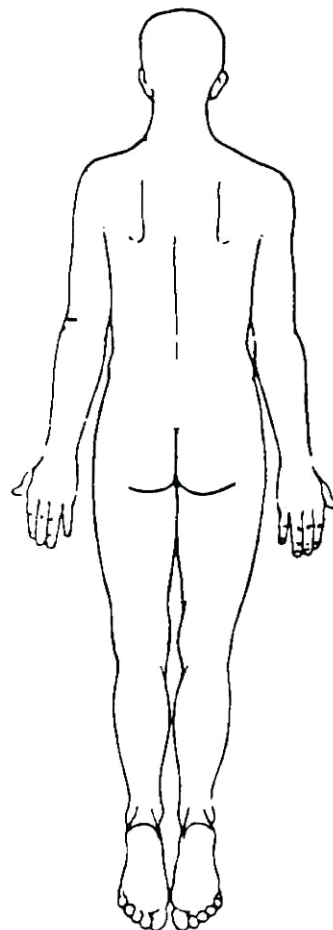
Numbness: _____ Pins and Needles: oooooooooooooo Stabbing: //

Burning: xxxxxxxxxxxxxxxx Other: ***** (please describe)



Right

Left



Left

Right

Rate your present pain on a scale of 0-10 (0 = no pain, 10 = pain so severe you could not live with it more than a few minutes)

Neck: _____ Right arm: _____ Left arm: _____ Right shoulder: _____ Left shoulder: _____

Te Whatu Ora

Health New Zealand

Te Toka Tumai Auckland

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Main Problem: _____

Gender: M F Height: _____ Weight: _____

How long have you had your present attack of neck and/or arm pain?: _____

When were you first aware there was something wrong with your neck?: _____

How many attacks of neck and/or arm pain have you had per year since then?: _____

What makes your pain worse?: _____

What makes your pain better?: _____

Are you experiencing any of the following difficulties? (*Tick all that apply*)

Difficulty walking? (Due to pain?)

Do you stumble? (Due to pain?)

Do you limp? (Due to pain?)

Who have you seen for your pain, and when?:

Name(s): _____

Type of Doctor/Therapist: _____

What treatments have you had for your pain?: _____

Which treatments helped your pain the most?: _____

How many times have you been hospitalised for your neck?: _____

Approximate date(s): _____

Please list the dates and types of all neck surgeries you have had: _____

Other tests for your neck? (please indicate number and date of each test)

CT Scan: _____ Myelogram: _____

MRI: _____ Bone Scan: _____

Others (e.g. EMG, SSEP, Epidural Venogram): _____

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**Spine, Neck and Arm Pain
New Patient Questionnaire**

Neck Pain Disability Index

Please answer **every section**. Tick **one box only** in each section.
Tick the box that most closely describes you **today**.

Section 1: Pain Intensity

- I have no pain at the moment.
- The pain is mild at the moment.
- The pain comes and goes and is moderate.
- The pain is moderate and does not very much.
- The pain is severe but comes and goes.
- The pain is severe and does not very much.

Office Use Only

NPDI: /50

= %

Section 2: Personal Care (Washing, Dressing etc)

- I can look after myself without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, I wash with difficulty and stay in bed.

Section 3: Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

Section 4: Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I cannot read as much as I want because of severe pain in my neck.
- I cannot read at all.

Section 5: Headache

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.



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Neck Pain Disability Index

(Continued)

Section 6: Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

Section 7: Work

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but not more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

Section 8: Driving

- I can drive my car without neck pain.
- I can drive my car as long as I want with slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- I cannot drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive my car at all because of severe pain in my neck.
- I cannot drive my car at all.

Section 9: Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7- hours sleepless).

Section 10: Recreation

- I am able to engage in all recreational activities with no pain in my neck at all.
- I am able to engage in all recreational activities with some pain in my neck.
- I am able to engage in most, but not all recreational activities because of pain in my neck.
- I am able to engage in a few of my usual recreational activities because of pain in my neck.
- I can hardly do any recreational activities because of pain in my neck.
- I cannot do any recreational activities at all.