

QUESTIONS ABOUT YOUR NECK

Name : _____ Date of birth: _____
Height: _____ Weight: _____ Today's date: _____

1. Illnesses, surgeries and injuries to date: Have you had severe neck problems, injuries or surgeries before?
Circle one.

- A My neck has been healthy all my life.
- B Some minor neck problems.
- C Considerable neck problems.
- D Severe disability.
- E Lasting severe neck damage.

2. How have you used your neck so far? What kind of stresses has your neck been exposed to at work and at play? How about your weight? Circle one.

- A Little stress (for example ideal weight, fitness exercise).
- B Increased stress (for example overweight, lifting, sitting at work).
- C Severe stress (for example overweight, heavy lifting, sitting at work, high impact sports).
- D Extreme stress (for example obesity, repeated heavy lifting and twisting, extreme sports).
- E Lasting neck damage with disability.

3. What are your expectations from therapy? Circle one.

- A Instructions for self help.
- B No expectations.
- C Alleviation of my symptoms.
- D Immediate and complete recovery.
- E Nobody can help me anyway.

4. Functionality of your neck: How does your neck problem affect your everyday life? Circle one.

- A My neck doesn't give me any problems whatsoever.
- B I don't know.
- C I have some symptoms with everyday activities but they do not restrict what I can do.
- D It is affecting my daily routine. I have to change my lifestyle but I can manage on my own.
- E My neck is so bad that I cannot get through a day without assistance.

5. How is your range of motion? Circle one.

- A I can twist and turn, look up and down without any trouble whatsoever.
- B I don't know.
- C I am fine when still but have trouble with some movements of if I stay in one position for too long.
- D I have to be very careful whenever I move my neck.
- E I can move my neck very little or not at all.

6. How badly are you suffering? Some problems are easy to deal with while others are hard to handle emotionally. How would you describe your situation? Circle one.

- A No problem.
- B I can handle it.
- C My neck problems are a burden that can keep me preoccupied.
- D My neck problems severely impact my life and how I feel.
- E I am done – with my neck, and sometimes with life, too.

7. A sense of your body: Which one are you? The one who picks up a new dance, sport or yoga pose right away or the one who has to practice over and over again? Circle one.

- A Movement and change is my life. No problem.
- B I could probably do it if I wanted to.
- C I try, but I usually quit because it doesn't work right away.
- D I can do it but I have to work really hard at it.
- E I'm a hopeless case. Not a chance.

8. Motivation: A healthy neck needs care, training and attention. This requires a positive attitude, a lot of patience, a bit of understanding and some discipline. Which option best describes you? Circle one.

- A I am highly motivated and have never ending patience.
- B I'll have to think about this one.
- C I'll give it a try.
- D Motivation isn't my strong suit.
- E This is a waste of time.

9. Have previous treatments been successful? Maybe this is not your first attempt at treating your neck problem. Considering all successes and failures to date, which answer is the most true?

- A I am almost fully recovered.
- B I don't know how to judge my situation.
- C The treatments have helped some.
- D There has been no significant improvement.
- E I am only getting worse.

10. How old are you?

- A 20 – 40 years old.
- B Under 20 years old.
- C 40 – 60 years old.
- D 60 – 80 years old.
- E Over 80 years old.

11. Diagnosis and prognosis: Maybe you have already seen a doctor and know the diagnosis of your neck problem. Please choose the one best answer.

- A It's nothing serious.
- B I don't know what the problem is.
- C It's bad right now but I should be able to completely recover.
- D I have lasting damage that will lead to chronic problems.
- E I have severe damage that could permanently impair my ability to work.

Done!

Score: _____