



Watkins Spine

Cervical History

Age _____ Height _____ Weight _____ Smoker Y/N _____

1. Have you had spine surgery for this condition before Y/N _____
 - Did you have a pain-free interval after the surgery Y/N _____
 - For long did the pain-free interval after the surgery last: _____ (months)
2. How long have you had pain _____ (months)
3. How bad is you pain (1-10):
 - At it's Worst _____
 - Constantly throughout the Day _____
4. What is your neck pain versus arm pain ratio (i.e. 80/20 = 80% neck vs. 20% arm)

(NECK / ARM)

_____ 100/0	_____ 90/10	_____ 80/20
_____ 70/30	_____ 60/40	_____ 50/50
_____ 40/60	_____ 30/70	_____ 20/80
_____ 10/90		

5. Which arm is the pain (right versus left)

(RIGHT / LEFT)

_____ 100/0	_____ 90/10	_____ 80/20
_____ 70/30	_____ 60/40	_____ 50/50
_____ 40/60	_____ 30/70	_____ 20/80
_____ 10/90		

6. Where in the arm do you feel the pain _____
7. Does the pain wake you up from sleep Y/N _____
8. Do you wake up in pain and then it loosens up after 30 minutes Y/N _____
9. Do you have Numbness in your arm: Y/N _____
 - Which arm and where is the numbness _____
10. Do you have Weakness in your arm: Y/N _____
 - Which arm and where is the weakness _____
11. Do you have Bowel or Bladder problems Y/N _____
 - _____ Incontinence _____ Hesitancy _____ Dripping _____ Frequency
12. Do you have clumsiness of your hands Y/N _____
13. Do you have difficulty doing buttons Y/N _____
14. Do you have difficulty walking in a straight line (heel to toe) Y/N _____