

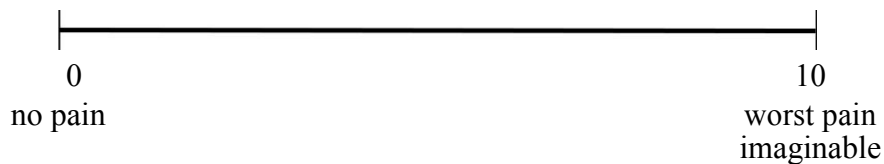
Name: _____

Date of Birth: ____ / ____ / ____

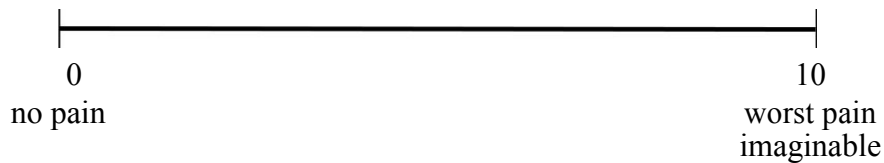
Date: ____ / ____ / ____

Visual Analogue Score: Neck and Arm Pain

1. Please mark on the line below how much pain you have had from your **neck**, on average, over the past week:



2. Please mark on the line below how much pain you have had from your **worst arm**, on average, over the past week:



3. If you have pain in the **other arm**, please mark on the line below how much pain you have had on average, over the past week:

