Name:				
Da	ite of Birth:// _			
Da	nte:/			
	Visu	al Analogue Score: N	eck and Arm Pain	
1.	Please mark on the line below week:	how much pain you have	e had from your neck , on	average, over the past
	0 no pain		10 worst pain imaginable	
2.	Please mark on the line below past week:	how much pain you have	e had from your worst arr	n , on average, over the
	0 no pain		10 worst pain imaginable	
3.	If you have pain in the other a average, over the past week:	rm , please mark on the l	ine below how much pain	you have had on

0 no pain 10 worst pain imaginable