

TABLE E-1 Relationship Between Change in Cervical Spine Outcomes Questionnaire Domain Scores and Patient Age and Duration of Current Symptoms

CSOQ Parameter	Age		Duration of Current Symptoms	
	Correlation Coefficient	P Value	Correlation Coefficient	P Value
Neck pain	0.076	0.232	0.127	0.046
Arm/shoulder pain	0.082	0.205	0.166	0.010
Functional disability	0.120	0.058	0.064	0.308
Psychologic distress	0.047	0.458	0.020	0.753
Physical symptoms other than pain	0.047	0.456	0.043	0.493

Instructions: Please take your time and read each question carefully before answering it. For multiple choice questions, put an X in the box next to the **one best** answer, unless the question specifically directs you to do otherwise. For questions that require you to write an answer, please write legibly. Answer all questions. Do not leave any unanswered. If you need help with any part of the questionnaire or in answering a question, please ask the Research Assistant for help.

Patient's study number _____ Patient's initials _____ Today's date _____

1. How long has it been since you first had any kind of problem with your neck? Specify the length of time in number of years and months: Number of years _____ Number of months _____
2. How long have you had the neck condition for which you are seeking treatment today? Specify the length of time in number of years and months: Number of years _____ Number of months _____

The following four questions apply **only to pain in your neck**. They do not apply to pain you may have in your arms.

3. Which word best describes the severity of the pain in your neck **when it is most severe**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
4. Which word best describes the severity of the pain in your neck **when it is least severe**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
5. Which word best describes the severity of the pain in your neck **on average, on a typical day**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
6. Which word best describes the severity of the pain in your neck **at the end of an active day**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
7. Do you have pain in your shoulders or arms? Yes ☐¹ No ☐²

If you have pain in your shoulders or arms, answer questions 8 through 11, then continue with question 12. **If you do not have pain in your shoulders or arms** skip to 12.

8. Which word best describes the severity of the pain in your shoulders or arms **when it is most severe**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
9. Which word best describes the severity of the pain in your shoulders or arms **when it is least severe**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
10. Which word best describes the severity of the pain in your shoulders or arms **on average, on a typical day**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
11. Which word best describes the severity of the pain in your shoulders or arms **at the end of an active day**?
No pain ☐¹ Mild ☐² Discomforting ☐³ Distressing ☐⁴ Horrible ☐⁵ Excruciating ☐⁶
12. Do you have difficulty swallowing? Yes ☐¹ No ☐²
13. Do you have headaches which **you feel** are related to your neck condition? Yes ☐¹ No ☐²
14. Do you have numbness, weakness, or tingling in your arms or hands? Yes ☐¹ No ☐²
15. Do you have difficulty grasping, picking up, or holding things in your hands? Yes ☐¹ No ☐²
16. Do you have numbness, clumsiness, or weakness in your legs? Yes ☐¹ No ☐²
17. How often do you have trouble falling asleep because of your neck condition?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
18. How often are you awakened from sleep because of your neck condition?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
19. How often does your neck condition keep you from **caring for yourself**, doing things like dressing, bathing, or eating, etc.?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
20. How often does your neck condition keep you from **doing social, religious, or recreational activities you want to do**? Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
21. How often does your neck condition keep you from **doing work you want to do around your home**, such as cleaning, gardening, home maintenance, etc.?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
22. How often does your neck condition keep you from **performing your usual duties at work**? If you are presently not working for money, place a check mark in this box ☐⁸ and go to the next question.

- Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
23. How often does your neck condition interfere with your **usual sexual activities**?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
24. Do you use alcoholic beverages to soothe or relieve your pain? Yes ☐¹ No ☐²
25. Do you take non-prescription, over-the-counter drugs to relieve you pain? Yes ☐¹ No ☐²
26. During the past 6 months, did you consult a physician or other health care professionals about your neck condition? Yes ☐¹ No ☐²
27. During the past 6 months, have you had any **non-surgical treatments** (like physical therapy, chiropractic manipulation, neck brace, massage, nerves blocks, etc.) for your neck conditions? Yes ☐¹ No ☐²
28. During the past 12 months, have you had any **surgical treatments** for your neck condition? Yes ☐¹ No ☐²
29. During the past month, how often have you felt jittery or restless?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
30. During the past month, how often have you felt anxious or tense?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
31. During the past month, how often have you felt worried or concerned about your physical health?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
32. During the past month, how often have you felt sickly or unwell?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
33. During the past month, how often have you felt sad, discouraged, or hopeless?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
34. During the past month, how often have you felt low in energy or sluggish?
Never ☐¹ Occasionally ☐² Frequently ☐³ Always ☐⁴
35. Have you ever smoked cigarettes? Yes ☐¹ No ☐²
36. Do you currently smoke cigarettes? Yes ☐¹ No ☐²
37. How long have you (or did you) smoke cigarettes? Enter the number of years (enter 0 if less than 6 months) ____
38. How many cigarettes do you (or did you) smoke a day? Enter the number of cigarettes ____ or packs ____
39. What is your gender? Male ☐¹ Female ☐²
40. How old were you on your last birthday? _____
41. What is your race? White ☐¹ Black ☐² Hispanic ☐³ Oriental ☐⁴ Other ☐⁵
42. Circle the highest level of formal education you have completed.
- | | | | | | | | | |
|-----------------|---|---|--|----|----|---|---|---|
| Grade school | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| High school | | 9 | 10 | 11 | 12 | | | |
| College | 1 | 2 | 3 | 4 | | | | |
| Graduate school | Some <input type="checkbox"/> ¹⁷ | | Completed <input type="checkbox"/> ¹⁸ | | | | | |
43. Has your neck condition caused you to stop working for money? Yes ☐¹ No ☐²
44. Has your neck condition caused you to change the kind of work you do for money? Yes ☐¹ No ☐²
45. Are you currently working for money? Yes ☐¹ No ☐²
46. Are you currently receiving money from unemployment compensation? Yes ☐¹ No ☐²
47. Are you currently receiving money from workmen's compensation? Yes ☐¹ No ☐²
48. Are you currently receiving money from social security disability? Yes ☐¹ No ☐²
49. Are you currently receiving money from private disability insurance? Yes ☐¹ No ☐²
50. Have you ever been involved in any legal action (**action already settled**) related to the neck condition for which you are now seeking treatment? Yes ☐¹ No ☐²

51. Are you currently involved in any legal action (**action not yet settled**) related to the neck condition for which you are now seeking treatment? Yes ☐¹ No ☐²

52. What prescription drugs are you currently taking for your neck condition, and how often do you take each drug? List all drugs you are taking regardless of whether or not the drug is prescribed by a physician.

a. Name of medication: _____

How often do you take it (check only one)

Less than once a day ☐¹ 3 or 4 times a day ☐³ As needed ☐⁵
Once or twice a day ☐² 5 or more times a day ☐⁴ Other ☐⁶

b. Name of medication: _____

How often do you take it (check only one)

Less than once a day ☐¹ 3 or 4 times a day ☐³ As needed ☐⁵
Once or twice a day ☐² 5 or more times a day ☐⁴ Other ☐⁶

c. Name of medication: _____

How often do you take it (check only one)

Less than once a day ☐¹ 3 or 4 times a day ☐³ As needed ☐⁵
Once or twice a day ☐² 5 or more times a day ☐⁴ Other ☐⁶

d. Name of medication: _____

How often do you take it (check only one)

Less than once a day ☐¹ 3 or 4 times a day ☐³ As needed ☐⁵
Once or twice a day ☐² 5 or more times a day ☐⁴ Other ☐⁶

e. Name of medication: _____

How often do you take it (check only one)

Less than once a day ☐¹
Once or twice a day ☐²
3 or 4 times a day ☐³
5 or more times a day ☐⁴
As needed ☐⁵
Other ☐⁶