

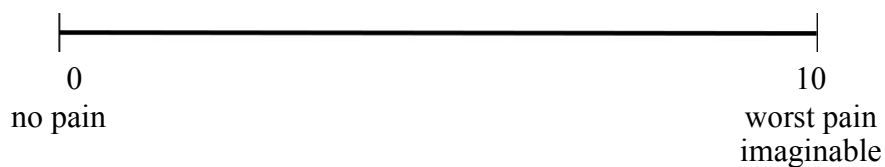
Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

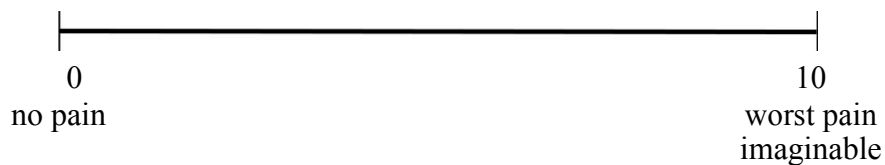
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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:

