

Pt name:

Date:

STarT Neck: For these questions, please think about your back pain over the **last few days**.

1. How **bothersome** has **pain spreading down your arms from your neck** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	1	2	3	4

2. How **bothersome** has pain in your **hips or back** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	1	2	3	4

3. In the last **few days**, I have **dressed/washed more slowly** than usual because of my neck pain.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

4. In the last **few days**, **my sleeping is moderately disturbed** because of my neck pain.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

5. It's **really not safe** for a person with a condition like mine to be **physically active**.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

6. **Worrying thoughts** have been going through my mind a lot of the time in the last **few days**.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

7. I feel that **my neck pain is terrible** and that **it is never going to get any better**.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

8. In general, in the last **few days**, I have **not enjoyed** all the things I used to enjoy.

Completely disagree											Strongly agree
0	1	2	3	4	5	6	7	8	9	10	

9. Overall, how **bothersome** has your **neck pain** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	1	2	3	4

LOW

MEDIUM

HIGH