

For re-ordering information, contact:

**ACTIVATOR METHODS, INC., P.O. Box 80317, Phoenix, AZ 85060-0317**

**Phone: (602) 224-0220; Facsimile (602) 224-0230**

### NECK PAIN DISABILITY INDEX QUESTIONNAIRE

NAME (Please Print): \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

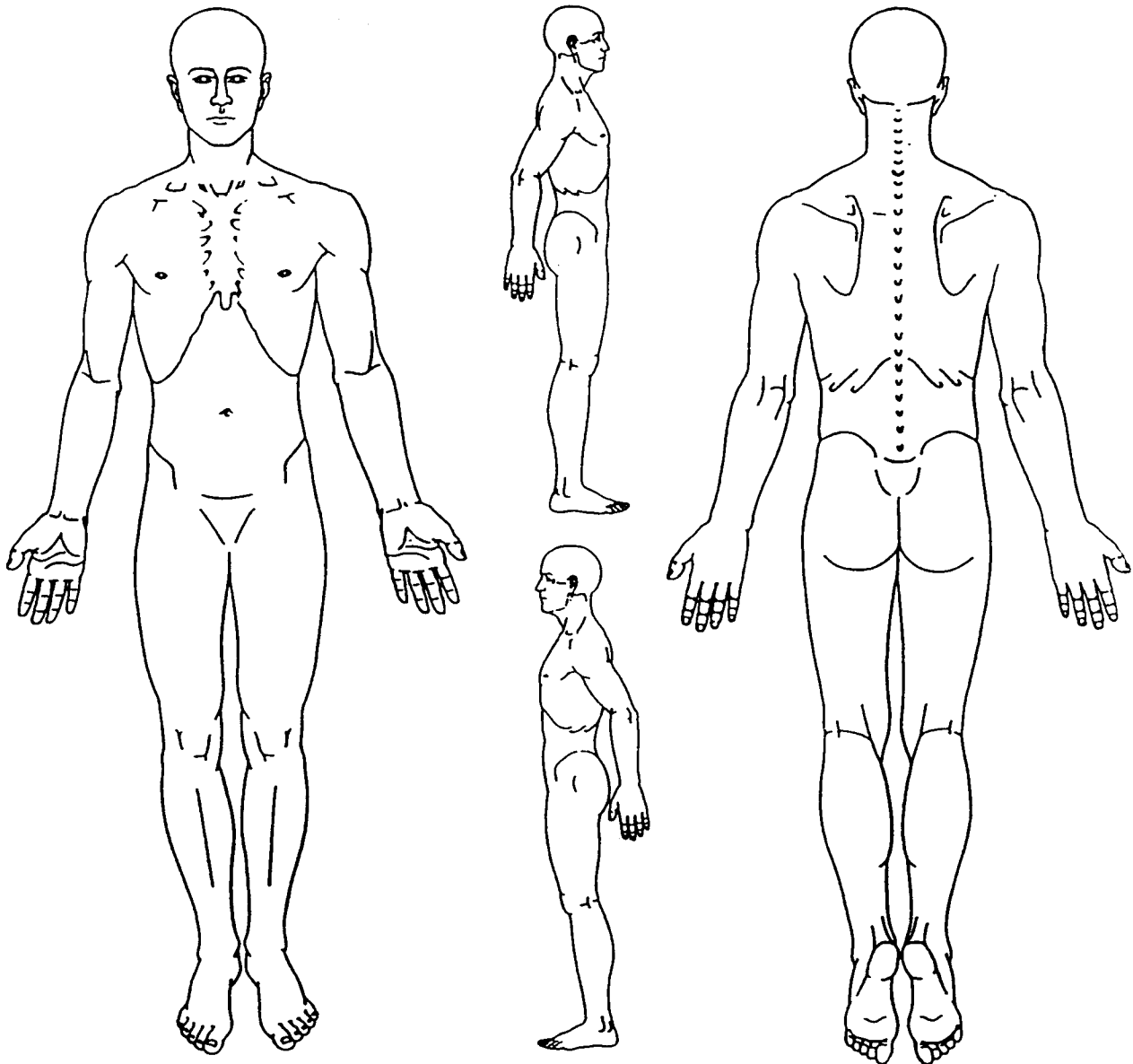
HOW LONG HAVE YOU HAD NECK PAIN? \_\_\_ YEARS \_\_\_ MONTHS \_\_\_ WEEKS

IS THIS YOUR FIRST EPISODE OF NECK PAIN? \_\_\_ YES \_\_\_ NO

**USE THE LETTERS BELOW TO INDICATE THE TYPE  
AND LOCATION OF YOUR SENSATIONS RIGHT NOW**

(Please remember to complete both sides of this form.)

KEY:                    A=ACHE                    B=BURNING                    N=NUMBNESS  
                          P=PINS & NEEDLES                    S=STABBING                    O=OTHER



OVER PLEASE