

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

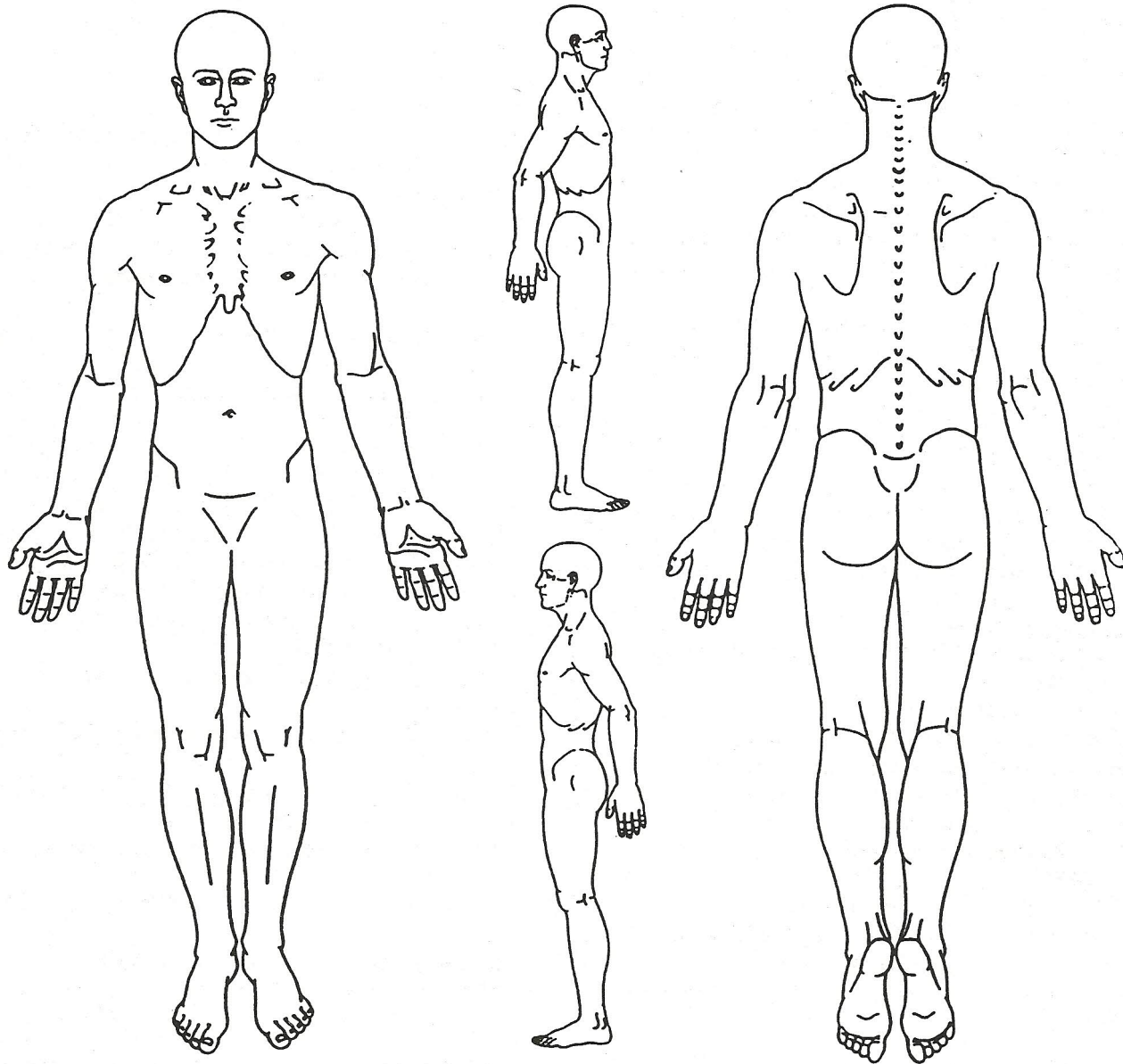
B=BURNING

N=NUMBNESS

P=PINS & NEEDLES

S=STABBING

O=OTHER



OVER PLEASE

