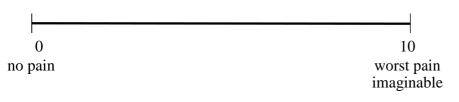
Name:			
Date of Birth:	/	/	

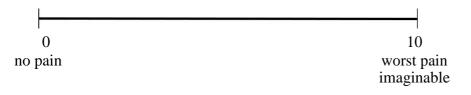
Date:\_\_\_\_/\_\_\_\_/

## 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:

