Cervical Brachial Symptom Questionnaire ("CBSQ")

NAME_____ DATE_____

READ INSTRUCTIONS FIRST. This form is important for measuring the outcome of treatment.
Based on your experiences in the PAST WEEK, answer the following questions regarding how often symptoms would be likely to increase if you were to engage in certain activities.
Circle the number corresponding to how likely it would be for symptoms to increase during an activity so much that you would have to stop or modify the activity.
DO NOT LEAVE ANY BLANKS.
If a CONSTANT ongoing symptom would not be more noticeable during the activity, mark the answer "0."
If a symptom would increase during half of the instances of the activity, mark the answer "5."
Only mark "10" if your symptoms would increase during EVERY instance of the activity.

1. Pain going down the arm increases with neck movement, as in turning, flexing or extending the neck.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

2. Pain in the arm or shoulder increases instantly with brief shoulder movement as in throwing something or in reaching behind the body.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

3. Hand or arm aches or fatigues with arm exercise, particularly with overhead or outstretched positioning.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

4. Hand or arm swells after arm exercise, including after any activities that require repetitive arm movements.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

5. Sensations of tingling or numbness in the hand or arm increase when reaching overhead or outwards. Examples include brushing hair or blow-drying hair, reaching for an overhead shelf, or working with arms overhead as in painting a ceiling or screwing in light bulbs.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

6. Sensations of tingling or numbness increase in the hand or arm when awakening from sleep.

0 1 2 3 4 5 6 7 8 9 10
It would NEVER happen this past week — This past week, it would happen ALWAYS

7. Sensations of tingling or numbness increase in the hand or arm with repetitive finger movements as in writing, typing, sewing, playing musical instruments or assembling objects.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

8. Sensations of tingling or numbness increase with prolonged or forceful grasping as in holding a steering wheel to drive, using tools, handling office instruments or controlling industrial equipment.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

9. Sensations of tingling or numbness increase while bending elbow or leaning on elbow, for example, while holding telephone receiver or leaning on a desk.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

10. Hand is clumsy or weak while trying to hold onto objects or while attempting to open jars, use keys to open a lock, pull zippers or button clothing.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

11. Pain is caused by experiences that ordinarily are not painful. Examples include a light touch to the hand, arm, or neck, such as a light draft, the rub and tug of clothing, or the touch of something moderately hot or cold.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

12. Disabling pain that can last into the next day is caused by activities that ordinarily produce only mild discomfort. Examples include a light exercise session, a physical therapy treatment or a physical examination.

0 1 2 3 4 5 6 7 8 9 10

It would NEVER happen this past week This past week, it would happen ALWAYS

13. Symptoms have occurred with the above activities in the past without recurrence in the past week.

yes no (circle your answer) If the answer is "yes", please list by number and explain on back.

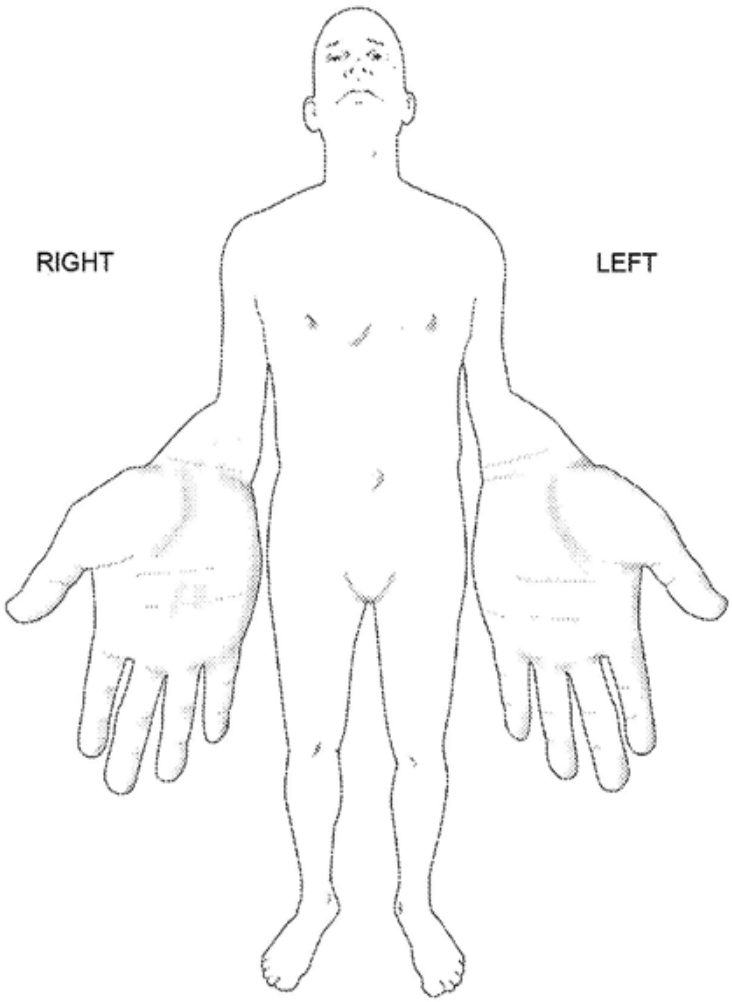
14. Hand becomes blue, red, swollen, sweaty or hot. Yes No (circle answer) If "yes" explain on back.

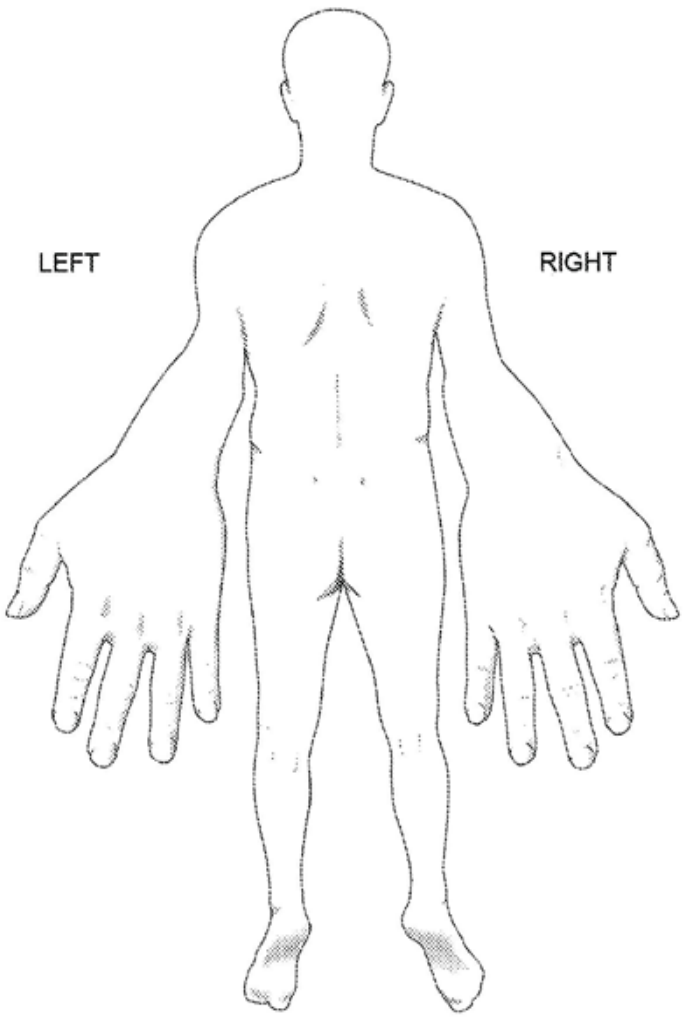
CERVICAL BRACHIAL SYMPTOM QUESTIONNAIRE

Mark where you feel pain with horizontal or vertical lines. Mark sensory changes with diagonal lines. If different pains or sensory changes are caused by specific items in the questionnaire, then indicate by the question number.
Use next page if necessary.

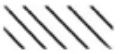
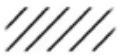
NAME_____

_____





 or  Mark pain

 or  Mark numbness or sensory disturbance including tingling