

8.) Does your pain interfere with your ability to dress yourself?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

9.) Does your pain interfere with your ability to use the bathroom?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

10.) Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

11.) Does your pain affect your self-esteem or self-worth?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

12.) How would you rate your physical activity?

0 1 2 3 4 5 6 7 8 9 10
significant limitation in basic activities can perform vigorous activities without limitation

13.) How would you rate your overall energy?

0 1 2 3 4 5 6 7 8 9 10
totally worn out most energy ever

14.) How would you rate your strength and endurance **TODAY**?

0 1 2 3 4 5 6 7 8 9 10
very poor strength and endurance very high strength and endurance

15.) How would you rate your feelings of depression **TODAY**?

0 1 2 3 4 5 6 7 8 9 10
not depressed at all extremely depressed

16.) How would you rate your feelings of anxiety **TODAY**?

0 1 2 3 4 5 6 7 8 9 10
not anxious at all extremely anxious

17.) How much do you worry about re-injuring yourself if you are more active?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

18.) How safe do you think it is for you to exercise?

0 1 2 3 4 5 6 7 8 9 10
not safe at all extremely safe

19.) Do you have problems concentrating on things **TODAY**?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time

20.) How often do you feel tense?

0 1 2 3 4 5 6 7 8 9 10
not at all all the time