

**The following questions are to help your Physiotherapist better understand how your current condition or pain is affecting your life.  
 Feel free to skip any of the questions you don't wish to answer**

		Agree	Disagree
1	I feel that there is something dangerously wrong with my body	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel that people aren't taking my condition seriously enough	<input type="checkbox"/>	<input type="checkbox"/>
3	I am suffering because of someone else's negligence	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel that this condition has affected me in a permanent way	<input type="checkbox"/>	<input type="checkbox"/>
5	Currently, there is significant unmanageable stress in my life? <input checked="" type="checkbox"/> All that may apply <input type="checkbox"/> Work <input type="checkbox"/> Financial <input type="checkbox"/> Family/social <input type="checkbox"/> Insurance/Legal <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Agree</b>	<b>Disagree</b>
6	I am confident and hopeful that I will improve and return to my regular activities within the next 3 months	<input type="checkbox"/>	<input type="checkbox"/>
7	Despite my condition, I continue to do 'fun' activities and have an active social life	<input type="checkbox"/>	<input type="checkbox"/>
8	I experience <input type="checkbox"/> abdominal pain <input type="checkbox"/> constipation <input type="checkbox"/> IBS <input type="checkbox"/> bloating <input type="checkbox"/> urinary urgency <input type="checkbox"/> Urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>
9	I generally sleep well and feel well rested when I wake up	<input type="checkbox"/>	<input type="checkbox"/>
10	I am generally satisfied and happy with my current job / place of employment / my co-workers / my employer	<input type="checkbox"/>	<input type="checkbox"/>

Please write down three important activities that you are currently unable to do or are having difficulty with as a result of your problem.  
 (e.g. gardening, yoga, walking dog, playing with kids, cooking, dressing self, gym workout, etc.)

1. ....
2. ....
3. ....