

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"/>
6	During the past month, I have often been bothered by feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>
		Agree	Disagree
7	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"/>
8	Despite my condition, I continue to do 'fun' activities and have an active social life	<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"/>
11	I generally eat at least 3 servings of fresh fruits & vegetables per day and limit my caffeine to one drink a day	<input type="checkbox"/>	<input type="checkbox"/>
12	I am generally physically active and do some form of physical activity everyday	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one important activity 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.)

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