



Circle the most accurate number (0 = Really low 10 = Really high)		<input checked="" type="checkbox"/>
Stress & worry about pain	(No worries) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (High worry /stress)	<input type="checkbox"/>
Life stress & anxiety (Work / Family)	(No stress) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (High stress)	<input type="checkbox"/>
Fear of not recovering	(No fear) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (High fear)	<input type="checkbox"/>
Low mood / sadness	(Great mood) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Low mood / Depression)	<input type="checkbox"/>
Legal & insurance issues/ Anger	(Nothing) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (On-going issues)	<input type="checkbox"/>
Poor Sleep	(Great sleeper) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Really poor sleep)	<input type="checkbox"/>
Negative Self-judgment	(Fully accepting of current self) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Disappointed in self)	<input type="checkbox"/>
Doing "too much" (Causing a flare-up)	(Never) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Very frequently)	<input type="checkbox"/>
Medications & Drugs (Paind meds, Opioids, nicotine, alcohol)	(Nothing) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Daily pain meds/drugs/nicotine)	<input type="checkbox"/>
Other health problems	(In perfect health) ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ (Uncontrolled health issues)	<input type="checkbox"/>

Your current D score:



Circle the most accurate number (0 = Not good 10 = Really good)

Sense of control over pain	(No control)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(In full control)	<input type="checkbox"/>
Sense of control over stress & anxiety	(No control)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(In full control)	<input type="checkbox"/>
Current level of fun & pleasure in life	(No fun at all)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Really enjoy life)	<input type="checkbox"/>
Time spent outdoors / in nature	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(1 hr a day)	<input type="checkbox"/>
Practicing relaxation & mindfulness	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Daily)	<input type="checkbox"/>
Healthy diet & nutrition	(Poor diet, use nicotine, drugs)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Excellent diet)	<input type="checkbox"/>
Clear activity goals set	(Not sure yet)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Have 3 clear goals)	<input type="checkbox"/>
Real Social Connections	(Alone)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Close family & friends)	<input type="checkbox"/>
Physical activity	(Hardly move)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Active and move all day)	<input type="checkbox"/>
Trust & acceptance of body	(My body is damaged) Needs fixing	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Body is great) No fixing needed	<input type="checkbox"/>

Your current S Score: