



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



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

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