

Nervous System Sensitivity Scale (NSSS)

Check your top **3 SAFETY** & **3 DANGER** factors that you wish to address

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

<input type="checkbox"/> S1	Clear activity goals set with a plan	(Not sure yet)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Have 3 clear goals & plan)
<input type="checkbox"/> S2	Sense of control over pain	(No control)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(In full control)
<input type="checkbox"/> S3	Fun & pleasure in life	(No fun or pleasure at all)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Really enjoy life)
<input type="checkbox"/> S4	Trust in own body	(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"/> S5	Self-acceptance	(Disappointed in & critical of self)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Fully accepting of current self)
<input type="checkbox"/> S6	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"/> S7	Physical activity	(Hardly move)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Active and move all day)
<input type="checkbox"/> S8	Focused relaxation / Mindfulness	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Everyday)
<input type="checkbox"/> S9	Healthy diet & nutrition	(Poor diet /daily sugar cravings)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Good diet/no refined sugars)
<input type="checkbox"/> S10	Time spent outdoors / in nature	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(1 hr a day)

DANGER SCALE: Circle the most accurate number (0 = Really low 10 = Really high)

<input type="checkbox"/> D1	Stress & worry about pain	(No worries)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High worry /stress)
<input type="checkbox"/> D2	Fear of not recovering	(No fear)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High fear)
<input type="checkbox"/> D3	Life stress & anxiety (Work / Family)	(No stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)
<input type="checkbox"/> D4	Low mood / sadness	(Great mood)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Low mood / Depression)
<input type="checkbox"/> D5	Legal & insurance issues/ Anger / Sense if injustice	(Nothing)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(On-going issues)
<input type="checkbox"/> D6	Poor Sleep	(Great sleeper)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Really poor sleep)
<input type="checkbox"/> D7	Loneliness	(Close family & friends)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Alone)
<input type="checkbox"/> D8	Doing "too much" (Causing a flare-up)	(Never)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Very frequently)
<input type="checkbox"/> D9	Medications & Drugs (Pain meds, Nicotine, Alcohol, etc.)	(Take nothing)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Everyday)
<input type="checkbox"/> D10	Hopelessness	(Very optimistic of recovery)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Low expectations of recovery)

Your current S score:

Your current D score: