

Yellow Flags Form

YF Form

(Facility Name)

1.	Please indicate your usual level of pain during the past week .	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
2.	Does pain, numbness, tingling, or weakness extend into your leg (from the low back) and/or arm (from the neck)?	None of the time	0	1	2	3	4	5	6	7	8	9	10	All of the time
3.	How would you rate your general health? (10-X)	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent
4.	If you had to spend the rest of your life with your <u>condition as it is right now</u> , how would you feel about it?	Delighted	0	1	2	3	4	5	6	7	8	9	10	Terrible
5.	How anxious (e.g., tense, uptight, irritable, fearful, difficulty in concentrating/relaxing) have you been feeling during the past week?	Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely anxious
6.	How much have you been able to control (i.e., reduce/help) your pain/complaint on your own during the past week?	I can reduce it	0	1	2	3	4	5	6	7	8	9	10	I can't reduce it at all
7.	Please indicate how depressed (e.g., down in the dumps, sad, downhearted, in low spirits, pessimistic, feelings of hopelessness) you have been feeling in the past week .	Not depressed at all	0	1	2	3	4	5	6	7	8	9	10	Extremely depressed
8.	On a scale of 0-10, how certain are you that you will be doing normal activities or working in six months?	Very certain	0	1	2	3	4	5	6	7	8	9	10	Not certain at all
9.	I can do light work for an hour.	Completely agree	0	1	2	3	4	5	6	7	8	9	10	Completely disagree
10.	I can sleep at night.	Completely agree	0	1	2	3	4	5	6	7	8	9	10	Completely disagree
11.	An increase in pain is an indication that I should stop what I am doing until the pain decreases.	Completely disagree	0	1	2	3	4	5	6	7	8	9	10	Completely agree
12.	Physical activity makes my pain worse.	Completely disagree	0	1	2	3	4	5	6	7	8	9	10	Completely agree
13.	I should not do my normal activities, including work, with my present pain.	Completely disagree	0	1	2	3	4	5	6	7	8	9	10	Completely agree

Name (Print) _____ **Signature** _____ **Date** _____

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