

YELLOW FLAG RISK FORM

Name: _____

Primary Complaint: _____

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 pain possible

2. Does pain, numbness, tingling, or weakness, extend into your leg (from back) &/or arm (from 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?

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 condition as it is right now. How would you feel about it?

Delighted

0 1 2 3 4 5 6 7 8 9 10

Terrible

5. How anxious (eg. 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 (ie. 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 (eg. down in dumps, sad, downhearted, in low spirits, pessimistic feelings of hopelessness) have you 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