



11. Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

12. Does your pain interfere with your ability to dress yourself?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

13. How would you rate your overall energy?

0 1 2 3 4 5 6 7 8 9 10
totally worn out *most energy*

14. How much do you worry about re-injuring yourself if you are more active?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

15. How would you rate your feelings of anxiety *today*?

0 1 2 3 4 5 6 7 8 9 10
not anxious at all *extremely anxious*

16. Does your pain interfere with your ability to climb stairs?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

17. Does your pain interfere with your ability to use the bathroom?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

18. How would you rate your strength and endurance *today*?

0 1 2 3 4 5 6 7 8 9 10
very poor strength and endurance *very high strength and endurance*

19. Do you have problems concentrating on things *today*?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

20. Does your pain require you to use a cane, walker, wheelchair or other devices?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

21. Does your pain interfere with your ability to manage your personal grooming?
(for example combing your hair, brushing your teeth, etc)

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

22. How often do you feel tense?

0 1 2 3 4 5 6 7 8 9 10
not at all *all the time*

23. How safe do you think it is for you to exercise?

0 1 2 3 4 5 6 7 8 9 10
not safe at all *extremely safe*

NOT FOR DISTRIBUTION