

RISK FACTOR ASSESSMENT QUESTIONNAIRE - INITIAL

Patient Name _____

Date _____

Instructions: Please answer every section, and mark in each section the ONE CHOICE which applies to you.

1. Where do you have pain? Check all appropriate sites.
 Neck Shoulders Upper back Lower Back Leg
2. How long ago did your current episode begin?
 Less than 2 weeks ago 2 weeks to < 8 weeks ago 8 weeks to < 3 months ago 3 months to < six months ago > 6 months ago
3. How many previous episodes required treatment?
 None 1 2 3 4 or more
4. Have you been hospitalized or had surgery for the same or similar complaint before? Yes No
5. Please indicate your usual level of pain during the past week.
 No pain _____ worst possible pain
 0 1 2 3 4 5 6 7 8 9 10
6. How often would you say that you have experienced pain episodes, on average during the past 3 months? (Circle one number)
 Never _____ Always
 0 1 2 3 4 5 6 7 8 9 10
7. Does pain, numbness, tingling or weakness extend into your leg (from the low back) and/or arm (from the neck)?
 None of the time _____ All of the time
 0 1 2 3 4 5 6 7 8 9 10
8. During the last week, how often have you taken medication (such as aspirin, Motrin, Tylenol, or prescription medication) for your pain complaint?
 Not at all _____ 3 or more times a day
 0 1 2 3 4 5 6 7 8 9 10
9. 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 _____ Terrible
 0 1 2 3 4 5 6 7 8 9 10
10. How anxious (eg, tense, uptight, irritable, fearful, difficulty in concentrating/relaxing) have you been feeling during the past week?
 Not at all _____ Extremely anxious
 0 1 2 3 4 5 6 7 8 9 10
11. How much have you been able to control (eg, reduce/help) your pain/complaint on your own during the past week?
 I can reduce it _____ I can't reduce it at all
 0 1 2 3 4 5 6 7 8 9 10
12. Please indicate how depressed (eg, 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 _____ Extremely depressed
 0 1 2 3 4 5 6 7 8 9 10
13. How would you rate your general health?
 Poor _____ Excellent
 0 1 2 3 4 5 6 7 8 9 10
14. Do you smoke tobacco a pack a day or more? Yes No
15. An increase in pain is an indication that I should stop what I am doing until the pain decreased.
 Completely agree _____ Completely disagree
 0 1 2 3 4 5 6 7 8 9 10
16. Physical activity makes my pain worse?
 Completely disagree _____ Completely agree
 0 1 2 3 4 5 6 7 8 9 10
17. I can do light work for an hour?
 Can't do it because of pain problems _____ Can do it without pain being a problem
 0 1 2 3 4 5 6 7 8 9 10
18. I can sleep at night.
 Can't do it because of pain problems _____ Can do it without pain being a problem
 0 1 2 3 4 5 6 7 8 9 10
19. How physically demanding is your job (include housework if not employed outside the home)?
 Not at all demanding _____ Very demanding
 0 1 2 3 4 5 6 7 8 9 10
20. Have you been disabled due to the same or similar pain/complaint in the last 12 months? Yes No
21. I should not do my normal work with my present pain.
 Completely disagree _____ Completely agree
 0 1 2 3 4 5 6 7 8 9 10
22. How well do you like your work?
 Not at all _____ Very much
 0 1 2 3 4 5 6 7 8 9 10
23. What kind of trouble at work do you think you will have sitting or standing 6 weeks from now?
 No trouble _____ Extreme trouble
 0 1 2 3 4 5 6 7 8 9 10
24. On a scale of 0 to 10, how certain are you that you will be working in 6 months?
 Very certain _____ Not certain at all
 0 1 2 3 4 5 6 7 8 9 10