

## CLIENT QUESTIONNAIRE (YF)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Primary complaint:** \_\_\_\_\_

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