

YELLOW FLAG RISK FORM

Name: _____ Date: _____ Primary Complaint: _____

1. Please indicate your usual level of pain during **the past week.**

No Pain **Worst pain possible**
0 1 2 3 4 5 6 7 8 9 10

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

None of the time **All of the time**
0 1 2 3 4 5 6 7 8 9 10

3. How would you rate your general health?

Poor **Excellent**
0 1 2 3 4 5 6 7 8 9 10

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 **Terrible**
0 1 2 3 4 5 6 7 8 9 10

5. 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

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 **I can't reduce it at all**
0 1 2 3 4 5 6 7 8 9 10

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 **Extremely depressed**
0 1 2 3 4 5 6 7 8 9 10

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 **Not certain at all**
0 1 2 3 4 5 6 7 8 9 10

9. I can do light work for an hour.

Completely agree **Completely disagree**
0 1 2 3 4 5 6 7 8 9 10

10. I can sleep at night.

Completely agree **Completely disagree**
0 1 2 3 4 5 6 7 8 9 10

11. An increase in pain is an indication that I should stop what I am doing until the pain decreases.

Completely disagree **Completely agree**
0 1 2 3 4 5 6 7 8 9 10

12. Physical activity makes my pain worse.

Completely disagree **Completely agree**
0 1 2 3 4 5 6 7 8 9 10

13. I should not do my normal activities including work, with my present pain.

Completely disagree **Completely agree**
0 1 2 3 4 5 6 7 8 9 10

The maximum score is 130, and can be stratified in the following way:

1. <50 low risk of psychosocial factors and pain-related disability
2. 51-64 moderate risk of psychosocial factors and pain-related disability
3. > 65 high risk for psychosocial factors and pain-related disability

Fear/escape C-sens dominant – 9, 11, 12, 13 - /40

Emotional/Affective and confidence in general health dominant – 3, 4, 5, 6, 7, 8 - /60

Peripheral dominant = 1, 2, 6, 10, 12 - /40