Q10 Over the past few days, on average, how anxious (upset, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where ‘0’ is ‘not at all anxious’ and ‘10’ is ‘extremely anxious’?

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

Q11 Over the past few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling, on a scale where ‘0’ is ‘not at all depressed’ and ‘10’ is ‘extremely depressed’?

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

Q12 Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your painful complaint, on a scale where ‘0’ is ‘makes it no worse’ and ‘10’ is ‘makes it very much worse’?

Makes it no worse       0 1 2 3 4 5 6 7 8 9 10

Q13 Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your pain on your own, on a scale where ‘0’ is ‘I can control it completely’ and ‘10’ is ‘I have no control whatsoever’?

I have complete control over my pain       0 1 2 3 4 5 6 7 8 9 10

In the last question, please read through ALL the response options before choosing ONE box that best describes you at the present time.

Q14 Since beginning treatment at this clinic, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE, related to your painful condition? (tick ONE box)

No change (or condition has got worse)       

Almost the same, hardly any change at all       

A little better, but no noticeable change       

Somewhat better, but no noticeable change       

Moderately better, and a slight but noticeable difference       

Better, and a definite improvement that has made a real and worthwhile difference       

A great deal better, and a considerable improvement that has made all the difference