



Date:

PATIENT LABEL

Time:

Signature:

Yellow Flag Assessment Form

Thinking about the last 2 weeks tick your response to the following questions:	Agree 1	Disagree 0		
1. My pain has spread down my leg(s) at some time in the last 2 weeks				
2. I have had pain in the shoulder or neck at some time in the last 2 weeks				
3. I have only walked short distances because of my pain				
4. In the last 2 weeks, I have dressed more slowly than usual because of pain				
5. It's not really safe for a person with a condition like mine to be physically active				
6. Worrying thoughts have been going through my mind a lot of the time				
7. I feel that my pain is terrible and it's never going to get any better				
8. In general I have not enjoyed all the things I used to enjoy				
9. Overall, how bothersome has your pain been in the last 2 weeks ?				
Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1
Total Score (all 9): _____			Sub Score (Q5-9): _____	
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