**Negative Mood Domain**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Poor appetite or overeating

\_\_ 0. Not at all

\_\_ 1. Several days

\_\_ 2. More than half the days

\_\_ 3. Nearly every day

Read each statement and circle the appropriate number to the right of the statement to indicate how you generally feel.

2. I am content

\_\_ 1. Almost never

\_\_ 2. Sometimes

\_\_ 3. Often

\_\_ 4. Almost always

3. Some unimportant thoughts run through my mind and bother me

\_\_ 1. Almost never

\_\_ 2. Sometimes

\_\_ 3. Often

\_\_ 4. Almost always

4. I am a hotheaded person

\_\_ 1. Almost never

\_\_ 2. Sometimes

\_\_ 3. Often

\_\_ 4. Almost always

5. When I get mad, I say nasty things

\_\_ 1. Almost never

\_\_ 2. Sometimes

\_\_ 3. Often

\_\_ 4. Almost always

6. It makes me furious when I am criticized in front of others

\_\_ 1. Almost never

\_\_ 2. Sometimes

\_\_ 3. Often

\_\_ 4. Almost always

**Fear-Avoidance Domain**

Circle the number next to each question that best corresponds to how you feel.

7. I wouldn’t have this much pain if there weren’t something potentially dangerous going on in my body

\_\_ 1. Strongly disagree

\_\_ 2. Somewhat disagree

\_\_ 3. Somewhat agree

\_\_ 4. Strongly agree

Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

8. I can’t seem to keep it out of my mind

\_\_ 0. Not at all

\_\_ 1. To a slight degree

\_\_ 2. To a moderate degree

\_\_ 3. To a great degree

\_\_ 4. All the time

Circle the number from 0 to 6 to indicate how much physical activities affect your current pain.

9. Physical activity might harm my painful body region

\_\_ 0. Completely disagree \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Completely agree

10. I cannot do physical activities which (might) make my pain worse

\_\_ 0. Completely disagree \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Completely agree

11. My work is too heavy for me

\_\_ 0. Completely disagree \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Completely agree

Use the rating scale below to indicate how often you engage in each of the following thoughts or activities.

12. During painful episodes it is difficult for me to think of anything besides the pain

\_\_ 0. Never \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Always

**Positive Affect/Coping Domain**

Please rate how confident you are that you can do the following things at present, despite the pain.

13. I can live a normal lifestyle, despite the pain

\_\_ 0. Not at all confident \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Completely confident

Please rate the truth of each statement as it applies to you.

14. It’s OK to experience pain

\_\_ 0. Never true \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Always true

15. I lead a full life even though I have chronic pain

\_\_ 0. Never true \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Always true

16. Before I can make any serious plans, I have to get some control over my pain

\_\_ 0. Never true \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. Always true

Please rate your degree of certainty in performing various tasks during rehabilitation based on the following statements.

17. My therapy no matter how I feel emotionally

\_\_ 0. I Cannot do it \_\_ 1. \_\_ 2. \_\_ 3. \_\_ 4. \_\_ 5. \_\_ 6. \_\_ 7. \_\_ 8. \_\_ 9. \_\_ 10. Certain I can do it

Notes:

Abbreviation: OSPRO-YF, Optimal Screening for Prediction of Referral and Outcome cohort yellow flag assessment tool.

Items included in the 10-item version: 1, 3, 4, 7, 8, 10, 11, 14, 15, 17

Items included in the 7-item version: 1, 4, 7, 8, 10, 11, 17

Scoring:

Use the scoring tool for scoring: <https://www.orthopt.org/yf/>

CPAQ, Chronic Pain Acceptance Questionnaire

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

FABQ-PA, Fear-Avoidance Beliefs Questionnaire physical activity subscale

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

FABQ-W, Fear-Avoidance Beliefs Questionnaire work subscale

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

PASS-20, Pain Anxiety Symptoms Scale

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

PCS, Pain Catastrophizing Scale

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

PHQ-9, Patient Health Questionnaire-9

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

PSEQ, Pain Self-Efficacy Questionnaire

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

SER, Self-Efficacy for Rehabilitation

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

STAI, State-Trait Anxiety Inventory

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

STAXI, State-Trait Anger Expression Inventory

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

TSK-11, Tampa Scale of Kinesiophobia.

 Total Score Estimate: \_\_\_

 Yellow Flag? \_ 1. Yes \_ 0. No

Reference:

Lentz TA, Beneciuk JM, Bialosky JE, Zeppieri G Jr, Dai Y, Wu SS, George SZ. Development of a Yellow Flag Assessment Tool for Orthopaedic Physical Therapists: Results From the Optimal Screening for Prediction of Referral and Outcome (OSPRO) Cohort. J Orthop Sports Phys Ther. 2016 May;46(5):327-43. doi: 10.2519/jospt.2016.6487. Epub 2016 Mar 21. Erratum in: J Orthop Sports Phys Ther. 2016 Sep;46(9):813. PMID: 26999408.