

OSPRO Yellow Flag Screening Tool – 17 item

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

	Not at all	Several days	More than half the days	Nearly every day
1. Poor appetite or overeating*	0	1	2	3

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

	Almost never	Sometimes	Often	Almost always
2. I am content	1	2	3	4
3. Some unimportant thoughts run through my mind and bother me*	1	2	3	4
4. I am a hotheaded person*	1	2	3	4
5. When I get mad, I say nasty things	1	2	3	4
6. It makes me furious when I am criticized in front of others	1	2	3	4

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
7. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body*	1	2	3	4

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

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
8. I can't seem to keep it out of my mind*	0	1	2	3	4

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

	Completely disagree			Completely Agree		
9. Physical activity might harm my painful body region	0	1	2	3	4	5
10. I cannot do physical activities which (might) make my pain worse*	0	1	2	3	4	5
11. My work is too heavy for me*	0	1	2	3	4	5

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

	Never			Always		
12. During painful episodes it is difficult for me to think of anything besides the pain	0	1	2	3	4	5

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

	Not at all confident			Completely confident		
13. I can live a normal lifestyle, despite the pain	0	1	2	3	4	5

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

	Never true			Always true		
14. It's OK to experience pain*	0	1	2	3	4	5
15. I lead a full life even though I have chronic pain*	0	1	2	3	4	5
16. Before I can make any serious plans, I have to get some control over my pain	0	1	2	3	4	5

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

	I cannot do it										Certain I can do it
17. My therapy no matter how I feel emotionally*	0	1	2	3	4	5	6	7	8	9	10

**Items included on the 10-item version*