

## OSPRO Yellow Flag Screening Tool – 17 item

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**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

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**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

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**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

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**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

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

	Completely disagree						Completely Agree		
	0	1	2	3	4	5	6		
9. Physical activity might harm my painful body region	0	1	2	3	4	5	6		
10. I cannot do physical activities which (might) make my pain worse*	0	1	2	3	4	5	6		
11. My work is too heavy for me*	0	1	2	3	4	5	6		

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

	Never						Always		
	0	1	2	3	4	5	6		
12. During painful episodes it is difficult for me to think of anything besides the pain	0	1	2	3	4	5	6		

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

	Not at all confident						Completely confident		
	0	1	2	3	4	5	6		
13. I can live a normal lifestyle, despite the pain	0	1	2	3	4	5	6		

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

	Never true						Always true		
	0	1	2	3	4	5	6		
14. It's OK to experience pain*	0	1	2	3	4	5	6		
15. I lead a full life even though I have chronic pain*	0	1	2	3	4	5	6		
16. Before I can make any serious plans, I have to get some control over my pain	0	1	2	3	4	5	6		

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**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*