

This questionnaire is to determine whether someone is a good candidate for maintenance care.

(Eklund et al. Chiropractic & Manual Therapies (2022) 30:15 <https://doi.org/10.1186/s12998-022-00424-6>)

In the following 10 questions, you will be asked to describe your pain and how it affects your life. Under each question is a scale to record your answer. Read each question carefully and then check a number on the scale under that question to indicate how that specific question applies to you.

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|-----|--|--|---|----|
| 1. | Rate the level of your pain at the present moment. | No pain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very intense pain | + | PS |
| 2. | How much has your pain changed the amount of satisfaction or enjoyment you get from participating in social and recreational activities? | No change <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extreme change | + | |
| 3. | During the past week, how tense or anxious have you been? | Not at all tense or anxious <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely tense or anxious | + | AD |
| 4. | How much has your pain changed your ability to participate in recreational and other social activities? | No change <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extreme change | + | |
| 5. | During the past week, how much do you feel that you've been able to deal with your problems? | Not at all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely well | - | LC |
| 6. | On the average, how severe has your pain been during the last week? | Not at all severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely severe | + | PS |
| 7. | How supportive or helpful is your spouse (significant other) to you in relation to your pain? | Not at all supportive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely supportive | + | S |
| 8. | During the past week, how successful were you in coping with stressful situations in your life? | Not at all successful <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely successful | - | LC |
| 9. | 9. During the past week, how irritable have you been? | Not at all irritable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely irritable | + | AD |
| 10. | How attentive is your spouse (significant other) to your pain problem? | Not at all attentive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremely attentive | + | S |

-12 – 17 = **Red**,
18 – 21 = **Yellow**
22 - 48 = **Green**

TOTAL