

Yellow Flags Questionnaire (YFQ)

Name: _____

Date: _____

Please circle the appropriate response for each of the following statements or questions:

1. Please indicate your usual level of pain during the past week :	<p>No Pain</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Worst Possible Pain</p>
2. Does pain, numbness, tingling or weakness <u>extend</u> into your leg (from the low back) &/or arm (from the neck)?	<p>None Of The Time</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>All Of The Time</p>
3. How would you rate your general health?	<p>Poor</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Excellent</p>
4. If you had to spend the rest of your life with your condition as it is right now, how would you feel about it?	<p>Delighted</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Terrible</p>
5. How anxious (tense, uptight, irritable, fearful, difficulty in concentrating / relaxing) you have been feeling during the past week :	<p>Not At All</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Anxious</p>
6. How much you have been able to control (reduce/help) your pain/ complaint on your own during the past week :	<p>I Can Reduce It</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>I Can't Reduce It At All</p>
7. Please indicate how depressed (eg. Down-in-the-dumps, sad, downhearted, in low spirits, pessimistic, feelings of hopelessness) you have been feeling in the past week :	<p>Not Depressed At All</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Depressed</p>
8. On a scale of 0 to 10, how certain are you that you will be doing normal activities or working in six months ?	<p>Very Certain</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Not Certain At All</p>
9. I can do light work for an hour.	<p>Completely Agree</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Completely Disagree</p>
10. I can sleep at night.	<p>Completely Agree</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Completely Disagree</p>
11. An increase in pain is an indication that I should stop what I am doing until the pain decreases.	<p>Completely Disagree</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Completely Agree</p>
12. Physical activity makes my pain worse.	<p>Completely Disagree</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Completely Agree</p>
13. I should not do my normal activities including work with my present pain.	<p>Completely Disagree</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Completely Agree</p>

Patient Signature: _____

Yellow Flags Questionnaire (YFQ)

Name:

Date:

Tracking & Scoring Sheet

Question		Score					
	Dates:						
PAIN							
1	Usual level of pain (0-10) this week (score is # circled)						
2	Frequency of radiating pain (0-10) (score is # circled)						
PSYCHO-SOCIAL							
3	Self-rated health (0-10) (score is 10 - # circled)						
4	Symptom satisfaction (0-10) (score is # circled)						
5	Anxiety (0-10) (score is # circled)						
6	Locus of control (0-10) (score is # circled)						
7	Depression (0-10) (score is # circled)						
8	Ability to work 6 mo. from now (0-10) (score is # circled)						
FUNCTION							
9	Light work tolerant for 1 hour (0-10) (score is # circled)						
10	Can sleep at night (0-10) (score is # circled)						
FEAR-AVOIDANCE (Psycho-social)							
11	Pain = stop activity (0-10) (score is # circled)						
12	Physical activity = worse pain (0-10) (score is # circled)						
13	Should not do normal duty? (0-10) (score is # circled)						
TOTAL PAIN SCORE							
TOTAL PSYCHO-SOCIAL SCORE							
TOTAL FUNCTION SCORE							
TOTAL FEAR-AVOIDANCE SCORE							
CORE TOTAL SCORE							

Scoring & Risk (Core Total):

Low risk of chronic disability – under 55 points

Moderate risk of chronic disability – 55 to 65 points

High risk of chronic pain and disability – over 65 points