Self Assessment of Treatment (SAT-II™) – Baseline Version

Instructions: Please mark your response by marking only one of the boxes for each question below.

1. Over the past 7 days, how would you rate your pain level?
   - No pain at all
   - Mild pain
   - Moderate pain
   - Severe pain
   - Very severe pain

2. Over the past 7 days, how much has pain affected your ability to do the following activities:
   a. Daily self care activities, such as showering and dressing?
      - Not at all
      - Slightly
      - Moderately
      - Quite a lot
      - Very Much
   b. Daily activities, such as cleaning, fixing things around the house, grocery shopping, preparing meals, going to appointments, caring for someone else and other day to day tasks?
      - Not at all
      - Slightly
      - Moderately
      - Quite a lot
      - Very Much
   c. Physical activities, such as walking, exercising, gardening?
      - Not at all
      - Slightly
      - Moderately
      - Quite a lot
      - Very Much
3. Over the past 7 days, how much has pain affected the following aspects of your life:

a. Emotional wellbeing, such as mood, temperament or outlook on life?
   - Not at all
   - Slightly
   - Moderately
   - Quite a lot
   - Very Much

b. Ability to sleep, such as getting to sleep or staying asleep?
   - Not at all
   - Slightly
   - Moderately
   - Quite a lot
   - Very Much

c. Social functioning, such as participating in activities or relationships with friends and family?
   - Not at all
   - Slightly
   - Moderately
   - Quite a lot
   - Very Much