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

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

1. **Over the past 7 days, how much has the study treatment improved your pain level?**
   - [ ] Not at all
   - [ ] Slightly Better
   - [ ] Moderately Better
   - [ ] Quite a lot Better
   - [ ] Very Much Better

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

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

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

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

4. Based on your experience with the study treatment, would you like to receive this treatment again?
   - No, definitely not
   - No, probably not
   - Unsure
   - Yes, probably
   - Yes, definitely

5. Based on your experience with the study treatment, overall, how does this treatment compare to other treatments you have received for your pain?
   - Very much worse
   - Somewhat worse
   - No better no worse
   - Somewhat better
   - Very much better