Form 10	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months

Depression

In the past 7 days …..

		Never	Rarely	Sometimes	Often	Always
1.	I felt worthless *depression_1*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2.	I felt helpless *depression_2*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3.	I felt depressed *depression_3*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4.	I felt hopeless *depression_4*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5.	I felt like a failure *depression_5*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6.	I felt unhappy *depression_6*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7.	I felt that I had nothing to look forward to *depression_7*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8.	I felt that nothing could cheer me up *depression_8*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SCORE:
depression_score

	In the past seven days….	Never	Rarely	Sometimes	Often	Always
9.	Have you had thoughts that you would be better off dead or of hurting yourself in some way *depression_9*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

➔ **If item 9 > 1, start suicide ideation protocol.**

Form 10	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months

Anxiety

In the past 7 days …..

		Never	Rarely	Sometimes	Often	Always
1.	I felt fearful *anxiety_1*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2.	I found it hard to focus on anything other than my anxiety *anxiety_2*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3.	My worries overwhelmed me *anxiety_3*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4.	I felt uneasy *anxiety_4*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5.	I felt nervous *anxiety_5*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6.	I felt like I needed help for my anxiety *anxiety_6*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7.	I felt anxious *anxiety_7*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8.	I felt tense *anxiety_8*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SCORE:
anxiety_score

Pain

In the past 7 days …..

Form 10	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months

		Not at all	A little bit	Somewhat	Quite a bit	Very much
1.	How much did pain interfere with your day-to-day activities? *pain_1*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2.	How much did pain interfere with work around the home? *pain_2*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3.	How much did pain interfere with your ability to participate in social activities? *pain_3*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4.	How much did pain interfere with your enjoyment of life? *pain_4*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5.	How much did pain interfere with the things you usually do for fun? *pain_5*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6.	How much did pain interfere with your enjoyment of social activities? *pain_6*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7.	How much did pain interfere with your household chores? *pain_7*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8.	How much did pain interfere with your family life? *pain_8*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SCORE: ***pain_score*** ☐

In the past 7 days …..

		No pain									Worst imaginable pain
9.	How would you rate your pain on average? *pain_rate*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8☐	9 ☐	10 ☐

Sleep Related Impairment

In the past 7 days …..

	Not at all	A little bit	Somewhat	Quite a bit	Very much

Form 10	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months

1.	I had a hard time getting things done because I was sleepy *impairment_1*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2.	I felt alert when I woke up *impairment_2*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3.	I felt tired *impairment_3*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4.	I had problems during the day because of poor sleep *impairment_4*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5.	I had a hard time concentrating because of poor sleep *impairment_5*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6.	I felt irritable because of poor sleep *impairment_6*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7.	I was sleepy during the daytime *impairment_7*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8.	I had trouble staying awake during the day *impairment_8*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SCORE:
impairment_score