

Tampa Questionnaire

(Reference: the original TSK9 is copied without restriction from the Work Cover Victoria website)

Name: _____ Date: _____

Please read each of the following statements and circle the number that best represents your feelings.

1= Strongly disagree 2= Somewhat disagree 3= Somewhat agree 4= Strongly agree

I'm afraid I might injure myself if I exercise	1	2	3	4
If I were to try to overcome it, my pain would increase	1	2	3	4
My body is telling me I have something dangerously wrong	1	2	3	4
My pain would probably be relieved if I were to exercise	1	2	3	4
People aren't taking my medical condition seriously enough	1	2	3	4
My accident has put my body at risk for the rest of my life	1	2	3	4
Pain always means that I have injured my body	1	2	3	4
Just because something aggravates my body does not mean it is dangerous	1	2	3	4
I am afraid that I might injure myself accidentally	1	2	3	4
movements is the safest thing I can do to prevent my pain from worsening	1	2	3	4
I wouldn't have this much pain if there weren't something dangerous going on in my body	1	2	3	4
Although my condition is painful, I would be better off if I were physically active	1	2	3	4
Pain lets me know when to stop exercising so I don't injure myself	1	2	3	4
It's really not safe for a person with a condition like mine to be physically active	1	2	3	4
I can't do the things normal people do because it's too easy for me to get injured	1	2	3	4
Even though something is causing me a lot of pain, I don't think it's actually dangerous	1	2	3	4
No one should have to exercise when he/she is in pain	1	2	3	4

TOTALS				
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For office use only: Rvs 4,8,12,16
 Score: _____/68= _____