

Modified Somatic Perceptions Questionnaire

Main C, Wood P, Hillis S, et al (1992)

Please describe how you have felt during the PAST WEEK by marking a check mark (✓) in the appropriate box. Please answer all questions. Do not think too long before answering.

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
Heart rate increase				
Feeling hot all over				
Sweating all over				
Sweating in a particular part of the body				
Pulse in neck				
Pounding in head				
Dizziness				
Blurring of vision				
Feeling faint				
Everything appearing unreal				
Nausea				
Butterflies in stomach				
Pain or ache in stomach				
Stomach churning				
Desire to pass water				
Mouth becoming dry				
Difficulty swallowing				
Muscles in neck aching				
Legs feeling weak				
Muscles twitching or jumping				
Tense feeling across forehead				
Tense feeling in jaw muscles				

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Source: Main C, Wood P, Hillis S, et al. The Distress and Risk Assessment Method. A simple patient classification to identify distress and evaluate the risk of poor outcome. *Spine* 1992; 17: 42-52.

Modified Somatic Perceptions Questionnaire Scoring Schema

Main C, Wood P, Hillis S, et al (1992)

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
Heart rate increase				
Feeling hot all over	0	1	2	3
Sweating all over	0	1	2	3
Sweating in a particular part of the body				
Pulse in neck				
Pounding in head				
Dizziness	0	1	2	3
Blurring of vision	0	1	2	3
Feeling faint	0	1	2	3
Everything appearing unreal				
Nausea	0	1	2	3
Butterflies in stomach				
Pain or ache in stomach	0	1	2	3
Stomach churning	0	1	2	3
Desire to pass water				
Mouth becoming dry	0	1	2	3
Difficulty swallowing				
Muscles in neck aching	0	1	2	3
Legs feeling weak	0	1	2	3
Muscles twitching or jumping	0	1	2	3
Tense feeling across forehead	0	1	2	3
Tense feeling in jaw muscles				

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