



8. How much do your whiplash symptoms interfere with **sporting activity**?

0 1 2 3 4 5 6 7 8 9 10
Not at all Unable to participate

9. How much do your whiplash symptoms interfere with **non-sporting leisure activity**?

0 1 2 3 4 5 6 7 8 9 10
Not at all Unable to participate

10. How often do you experience **sadness/depression** as a result of your whiplash injury/symptoms?

0 1 2 3 4 5 6 7 8 9 10
Not at all Always

11. How often do you experience **anger** as a result of your whiplash injury/symptoms?

0 1 2 3 4 5 6 7 8 9 10
Not at all Always

12. How often do you experience **anxiety** as a result of your whiplash injury/symptoms?

0 1 2 3 4 5 6 7 8 9 10
Not at all Always

13. How much difficulty do you have **concentrating** as a result of your whiplash injury/symptoms?

0 1 2 3 4 5 6 7 8 9 10
No difficulty Unable to concentrate

14. How has your condition **changed** over the past month?

-5 -4 -3 -2 -1 0 1 2 3 4 5
Very much worse No change Very much better