

## SRS-22r† Patient Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mo Day Year

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Years Months

Medical Record #: \_\_\_\_\_

Instructions: We are carefully evaluating the condition of your back, and it is **IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF. PLEASE CIRCLE THE ONE BEST ANSWER TO EACH QUESTION.**

1. Which of the following best describes the amount of pain you have experienced during the past 6 months?

None  
Mild  
Moderate  
Moderate to severe  
Severe

2. Which one of the following best describes the amount of pain you have experienced over the last month?

None  
Mild  
Moderate  
Moderate to severe  
Severe

3. During the past 6 months, have you been a very nervous person?

None of the time  
A little of the time  
Some of the time  
Most of the time  
All of the time

4. If you had to spend the rest of your life with your back as it is right now, how would you feel about it?
- Very happy
  - Somewhat happy
  - Neither happy nor unhappy
  - Somewhat unhappy
  - Very unhappy
5. What is your current level of activity?
- Bedridden
  - Primarily no activity
  - Light labor, such as household chores
  - Moderate manual labor and moderate sports, such as walking and biking
  - Full activities without restriction
6. How do you look in clothes?
- Very good
  - Good
  - Fair
  - Bad
  - Very bad
7. In the past 6 months, have you felt so down in the dumps that nothing could cheer you up?
- Very often
  - Often
  - Sometimes
  - Rarely
  - Never
8. Do you experience back pain when at rest?
- Very often
  - Often
  - Sometimes
  - Rarely
  - Never
9. What is your current level of work/school activity?
- 100% normal
  - 75% normal
  - 50% normal
  - 25% normal
  - 0% normal

**(CONTINUED ON NEXT PAGE)**

10. Which of the following best describes the appearance of your trunk, defined as the human body except for the head and extremities?

- Very good
- Good
- Fair
- Poor
- Very Poor

11. Which one of the following best describes your medication usage for your back?

- None
  - Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
  - Non-narcotics daily
  - Narcotics daily
  - Other: \_\_\_\_\_
- Medication
- Usage (weekly or less or daily)

12. Does your back limit your ability to do things around the house?

- Never
- Rarely
- Sometimes
- Often
- Very often

13. Have you felt calm and peaceful during the last six months?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

14. Do you feel that your condition affects your personal relationships?

- None
- Slightly
- Mildly
- Moderately
- Severely

(CONTINUED ON NEXT PAGE)

15. Are you and/or your family experiencing financial difficulties because of your back?
- Severely
  - Moderately
  - Mildly
  - Slightly
  - None
16. In the past six months, have you felt down hearted and blue?
- Never
  - Rarely
  - Sometimes
  - Often
  - Very Often
17. In the past three months, have you taken any sick days from work/school due to back pain and, if so, how many?
- 0
  - 1
  - 2
  - 3
  - 4 or more
18. Does your back condition limit your going out with friends/family?
- Never
  - Rarely
  - Sometimes
  - Often
  - Very often
19. Do you feel attractive with your current back condition?
- Yes, very
  - Yes, somewhat
  - Neither attractive nor unattractive
  - No, not very much
  - No, not at all
20. Have you been a happy person during the past six months?
- None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time

**(CONTINUED ON NEXT PAGE)**

21. Are you satisfied with the results of your back management?

Very satisfied  
Satisfied  
Neither satisfied nor dissatisfied  
Unsatisfied  
Very unsatisfied

22. Would you have the same management again if you had the same condition?

Definitely yes  
Probably yes  
Not sure  
Probably not  
Definitely not

Thank you for completing this questionnaire. Please comment if you wish.

Refined 1/1/04

-5-

**END**