

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
Moderated
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 or unhappy
Somewhat unhappy
Very unhappy

5. What is your current level of activity?
- Bedridden
 - Primarily no activity
 - Light labor
 - Moderate manual labor and moderate sports, such as walking & 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
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 you back?
- None
 - Non-narcotics weekly or less (e.g., Aspirin, Tylenol, Ibuprofen)
 - Non-narcotics daily
 - Other: _____
- | | |
|------------|--------------------------------|
| Medication | Usage (weekly, 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
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 or 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
21. Are you satisfied with the results of your back management?
- Very satisfied
 - Satisfied
 - Neither satisfied or 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.