

SRS-22r Patient Questionnaire

First Name : _____ Last Name: _____

Today's Date : ____/____/____ Date of Birth : ____/____/____ Age : ____

We are carefully evaluations the condition of your back and it is IMPORTANT THAT YOU ANSWER EACH OF THE QUESTIONS YOURSELF. Please CIRCLE THE ONE BEST ANSWER TO EACH QUESTION.

1. Which one 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 shape 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 and light sports Moderate labor and moderate sports 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 pain when at rest?

Very often Often Sometimes Rarely Never

9. What is your current level of work/school activity?

00% 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 of the following best describes your pain medication use for back pain?

None Non-narcotics weekly or less (ex : aspirine, Tylenol, Ibuprofen) Non-narcotics daily Narcotics weekly or less (ex : Tylenol III, Lorcet, Percocet) Narcotics daily

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

Never Rarely Sometimes Often Very often

13. Have you ever felt calm and peaceful during the past 6 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 back 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 6 months have you felt down hearted and blue?

Never Rarely Sometimes Often Very often

17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?

0 days 1 days 2 days 3 days 4 days 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 6 months?

None of the time Rarely Sometimes Most of the time All of the time

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

Very satisfied Satisfied Neither satisfied nor unsatisfied 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

Patient's signature : _____

Date : ____/____/____

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

Patient's signature : _____

Date : ____/____/____