

KEELE STarT BACK SCREENING TOOL



PHYSIOTUTORS

Patient Name: _____

Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

- | | Disagree (0) | Agree (1) |
|---|--------------------------|--------------------------|
| 1 - My back pain has spread down my leg(s) at some time in the last 2 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 - I have had pain in the shoulder or neck at some time in the last 2 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 - I have only walked short distances because of my back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 - In the last 2 weeks, I have dressed more slowly than usual because of back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 - It's not really safe for a person with a condition like mine to be physically active | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 - Worrying thoughts have been going through my mind a lot of the time | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 - I feel that my back pain is terrible and it's never going to get any better | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 - In general I have not enjoyed all the things I used to enjoy | <input type="checkbox"/> | <input type="checkbox"/> |

9 - Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all (0)

Slightly (0)

Moderately (0)

Very much (1)

Extremely (1)

Total score (all 9): _____ Sub Score (Q5-9): _____

MORE INFORMATION

