			<u>S</u>	SRS-22r Patient	Questionn	<u>aire</u>			
		-	-	m an imaginary ionnaire as adn	-			e of each	response listed
Pati	ent Name:				()		
		First		Last	(Maiden	; if appli	cable)		
Tod	ay's Date:		Date of B	irth:	Age	:+			
				Mo Day					
Med	lical Record #	#:							
YOU		EACH C	OF THESE						ORTANT THAT THE <u>ONE</u> <u>BEST</u>
1.	Which one months?	of the fol	lowing best	describes the a	mount of p	oain you	have ex	perienced	during the past 6
	5 No	ne							
	4 Mil	ld							
		derate							
		derate to s	evere						
	1 Sev	vere							
2.	Which one	of the follo	owing best de	escribes the amo	ount of pair	n you hav	ve experi	enced ov	er the last month?
	5 No	ne							
	4	ld							
	3 Mo	derate							
	2 Mo	derate to se	evere						
	1 Sev	vere							
3.	During the	past 6 moi	nths have you	ı been a very no	ervous pers	on?			
	5 No	ne of the ti	me						
	$4 \bigcirc \mathbf{A1}$	ittle of the	time						
	3 Sor	ne of the ti	me						
		st of the tin	me						
	1 All	of the time	2						
			(CC	ONTINUED O	N NEXT P	PAGE)			

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 back pain when at rest?
	 Very often Often Sometimes Rarely Never
9.	What is your current level of work/school activity?
	5 100% normal 4 75% normal 3 50% normal 2 25% normal 1 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?
	5 Very good
	4 Good
	3 Fair
	2 Poor
	1 Very Poor
11.	Which one of the following best describes your pain medication use for back pain?
	5 None
	4 Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
	3 Non-narcotics daily
	Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
	1 Narcotics daily
12.	Does your back limit your ability to do things around the house?
	5 Never
	4 Rarely
	3 Sometimes
	2 Often
	1 Very Often
13.	Have you felt calm and peaceful during the past 6 months?
	5 All of the time
	4 Most of the time
	3 Some of the time
	A little of the time None of the time
	1 None of the time
14.	Do you feel that your back condition affects your personal relationships?
	5 None
	4 Slightly
	3 Mildly
	2 Moderately1 Severely
	1 Severely

1		
2 3	15.	Are you and/or your family experiencing financial difficulties because of your back?
3 4		1 Severely
5		2 Moderately
6		3 Mildly
7		4 Slightly
8		5 None
9		5 None
10 11	16.	In the past 6 months have you felt down hearted and blue?
12		5 Never
13		4 Rarely
14		3 Sometimes
15		2 Often
16		1 Very often
17		1 Very often
18	17.	In the last 3 months have you taken any days off of work, including household work, or school because of t
19		pain?
20		
21		5 0 days
22		4 1 day
23		3 2 days
24		2 3 days
25		1 4 or more days
26 27 28	18.	Does your back condition limit your going out with friends/family?
29		5 Never
30		4 Rarely
31		3 Sometimes
32		2 Often
33		1 Very often
34		
35	19.	Do you feel attractive with your current back condition?
36		
37		5 Yes, very
38		4 Yes, somewhat
39		3 Neither attractive nor unattractive
40		No, not very much
41		1 No, not at all
42		
43	20.	Have you been a happy person during the past 6 months?
44		
45		1 None of the time
46		2 A little of the time
47		3 Some of the time
48		4 Most of the time
49		5 All of the time
50		
51		(CONTINUED ON NEXT PAGE)

1		
2	21	
3	21.	Are you satisfied with the results of your back management?
4 5		5 Very satisfied
6		4 Satisfied
7		3 Neither satisfied nor unsatisfied
8		2 Unsatisfied
9		1 Very unsatisfied
10		
11	22.	Would you have the same management again if you had the same condition?
12		
13		5 Definitely yes
14		4 Probably yes
15		3 Not sure
16		2 Probably not
17		1 Definitely not
18		
19		
20	Thank	you for completing this questionnaire. Please comment if you wish.
21		
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End

SRS-22r Patient Questionnaire/Score Sheet (Sample to accompany sample questionnaire)

Name:		() Date:					_		
First	MI	Las	st (Maider	: if appropriate) Mo	Day	Year	
DOMAIN (Score 5 Best- 1 Worst)						Sum of Responses	# Quest Answe (Possi	red	Mean Score ⁺⁺⁺
						A	(F0881		A ÷B
Function	<u>3</u> 5 ⁺	<u>4</u> 9	<u>3</u> 12 1	<u>X</u>	<u>2</u> 18	<u>12</u>		_ (5)	_3_
Pain	<u>2</u>	<u>4</u>	<u>4</u> 8	<u>1</u> 11	<u>1</u> 17	_12_	<u> </u>	_(5)	_2.4_
Self image	<u>3</u>	<u>3</u>	<u>3</u>	<u>4</u> 14	<u>4</u> 19	<u>17</u>	<u> <u> </u></u>	_(5)	_3.4_
Mental health++	<u>4</u> 3	<u>4</u>	<u>3</u>	4 16	<u>4</u> 20	<u>19</u>	_5_	_(5)	<u>3.8</u>
			SU	В ТО	TAL	<u>_60</u>	<u>19</u>	_(20)	3.16
Satisfaction/Dissatisfaction with management				<u>4</u> 21	<u>4</u> 22	<u>8</u>		_(2)	_4
[†] Question number ⁺⁺ Questions adopted with p		OTAL		<u>_68</u> _	_21	_(22)			

SCORING INSTRUCTIONS:

Unanswered questions-reduce questions answered denominator by appropriate number Delete questions with more than one response Domain can't be scored if fewer than 3 questions answered.

9-22-06