

SRS-22r Patient Questionnaire

Name: _____ Date _____
Date of Birth _____ Age: _____
Years Months

Instructions: It is important that you answer each of these questions yourself. Please circle the best answer for each question.

1. Which of the following best describes the amount of pain you have experienced during the last 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 or 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 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

10. Which of the following best described the appearance of your trunk, defined as the human body except for the head and extremities?
Very good good fair poor very poor

