

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

11. Which one of the following best describes your medication use for you back?

None non-narcotics (Tylenol/advil) weekly or less non-narcotics daily
Narcotics daily Other _____
Medication usage

12. Does your back pain 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 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 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 downhearted and blue?

Never Rarely sometimes often very often

17. In the past 3 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 family/friends?

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 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 nor 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