

# The STarT Back Screening Tool

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

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

|   |  | <b>Disagree</b>          | <b>Agree</b>             |
|---|--|--------------------------|--------------------------|
|   |  | 0                        | 1                        |
| 1 | My back pain has <b>spread down my leg(s)</b> at some time in the last two (2) weeks         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | I have had pain in the <b>shoulder</b> or <b>neck</b> at some time in the last two (2) weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | I have only <b>walked short distances</b> because of my back pain                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | In the last two (2) weeks, I have <b>dressed more slowly</b> 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 | <b>Worrying thoughts</b> have been going through my mind a lot of the time                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | In general, I have <b>not enjoyed</b> 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 two (2) weeks**?

| <b>Not at all</b>        | <b>Slightly</b>          | <b>Moderately</b>        | <b>Very much</b>         | <b>Extremely</b>         |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 0                        | 0                        | 1                        | 1                        |

Total score (all 9): \_\_\_\_\_

Sub Score (Q5-9): \_\_\_\_\_

## The STarT Back Tool Scoring System

