

The STarT Back Screening Tool

Patient name: _____

Date: _____

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

		Disagree	Agree
		0	1
1	My back pain has spread down my leg(s) at some time in the last two (2) weeks	<input type="checkbox"/>	<input type="checkbox"/>
2	I have had pain in the shoulder or neck at some time in the last two (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 two (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 two (2) weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
<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

