

SRS-22r Patient Questionnaire

Patient Name: _____ Date of Birth: _____
 First MI Last Mo Day Yr

Today's Date: _____ Age: _____
 Mo Day Yr Yrs Mo

Medical Record #: _____

INSTRUCTIONS: We are carefully evaluating the condition of your back and it is

10. Which of the following best describes 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 pain medication use for back pain?

- None
- Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
- Narcotics daily

12. Does your back limit your ability to do things around the house?

- Never
- Rarely
- Sometimes
- Often
- Very Often

13. Have you felt calm and peaceful during the past 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 back condition affects your personal relationships?

- None
- Slightly
- Mildly
- Moderately
- Severely

(CONTINUED ON NEXT PAGE)

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 down hearted and blue?

Never
Rarely
Sometimes
Often
Very often

17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?

0 days
1 day
2 days
3 days
4 or more days

18. Does your back condition limit your going out with friends/family?

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

(CONTINUED ON NEXT PAGE)

21. Are you satisfied with the results of your back management?

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- 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.

3-10-06

END