SRS-22 Patient Questionnaire

| Patient Name | Name: | | | Date of Birth: | | | | | |
|-----------------|--|-------------------------------|--------------|--------------------------------|------------------|-----------|----------|---------|--|
| | First | | MI | Last | | | Day | Yr | |
| Today's Date | : | | | | | Age: _ | <u>+</u> | | |
| | Mo I | Day | Yr | | | • | Yrs | Mo | |
| Medical Reco | ord #: | | | _ | | | | | |
| IMPORTAN | T THAT | YOU | ANSWE | evaluating the REACH OF TO EAC | THESE QUES | TIONS | | | |
| | n one of the g the past 6 | | _ | t describes the a | amount of pain | you ha | ve expe | rienced | |
| | None Mild Moderate Moderate Severe | | vere | | | | | | |
| | h one of th st month. | e follo | owing best o | describes the amo | ount of pain you | ı have ex | xperienc | ed over | |
| | None Mild Moderate Moderate Severe | | vere | | | | | | |
| 3. Durin | g the past 6 | ó mon | ths have you | u been a very ner | rvous person? | | | | |
| | None of t A little of Some of t Most of t | f the ti the tin he tim | me ne | | | | | | |

4. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?

Very happy Somewhat happy Neither happy nor unhappy Somewhat unhappy Very unhappy

5. What is your current level of activity?

Bedridden/Wheelchair
Primarily no activity
Light labor, such as household chores
Moderate manual labor and moderate 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

(CONTINUED ON NEXT PAGE)

| 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 y | your medication usage for your back? | | | | | | |
| | None Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen) Non-narcotics daily Narcotics weekly or less (e.g. Tylenol III, Lorocet, Percocet) Narcotics daily | | | | | | | |
| | Other:Medication | Usage (weekly or less or daily) | | | | | | |
| 10 | | | | | | | | |
| 12. | Does your back limit your ability to do thin | gs 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 | s 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 down hearted and blue? | | | | | | |
| | Never | | | | | | |
| | Rarely | | | | | | |
| | Sometimes | | | | | | |
| | Often | | | | | | |
| | Very often | | | | | | |
| 17. | In the last 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. | Do you go out more or less than your friends? | | | | | | |
| | Much more | | | | | | |
| | More | | | | | | |
| | Same | | | | | | |
| | Less | | | | | | |
| | Much less | | | | | | |
| 19. | Do you feel attractive? | | | | | | |
| | 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 t | the result | s of your | · back | management? |
|------------|---------|-----------|------------|------------|-----------|--------|-------------|
| 41. | THE you | butiblicu | ** 1 (11 (| me resurt | o or your | Ouck | manuscritt. |

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.

9/25/03

END