SRS-22r† Patient Questionnaire

Patie	nt Name:	Date of Birth	Date of Birth:			
1 atte	at Ivamo.		Mo	Day	Year	
Today's Date:		Age:	Years	Mo	onths	
			1 Cars	1410		
Medi	cal Record #:					
IMP	octions: We are carefully evaluating ORTANT THAT YOU ANSWER ASE CIRCLE THE ONE BEST A	R EACH OF THES	E QUESTI	ONS YOU	URSELF	
1.	Which of the following best desc during the past 6 months?	ribes the amount of p	oain you ha	ve experie	nced	
	None Mild Moderate Moderate to severe Severe					
2.	Which one of the following best over the last month?	describes the amoun	t of pain yo	ou have exp	perienced	
	None Mild Moderate Moderate to severe Severe					
3.	During the past 6 months, have y	you been a very nerv	ous person'	?		
	None of the time A little of the time Some of the time Most of the time All of the time	λ.				

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?

7 8

Very happy Somewhat happy Neither happy nor 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 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

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 medication usage for your back?			
	None Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen) Non-narcotics daily Narcotics daily Other:			
	Medication Usage (weekly or less or 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 last six 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 six months, have you felt down hearted and blue?		
	Never Rarely Sometimes Often Very Often		
17.	In the past three 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 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 six months?		
59	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.