

PATIENT LABEL
PATIENT NAME _____
MEMBER I.D. # _____
BIRTHDATE _____

The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

Thinking about the **last 2 weeks**, check your response to the following questions:

	No	Yes			
	0	1			
1. Has your back pain spread down your leg(s) at some time in the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have you had pain in the shoulder or neck at some time in the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Have you only walked short distances because of your back pain?	<input type="checkbox"/>	<input type="checkbox"/>			
4. In the last 2 weeks, have you dressed more slowly than usual because of back pain?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Do you think it's not really safe for a person with a condition like yours to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Have worrying thoughts been going through your mind a lot of the time?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Do you feel that your back pain is terrible and it's never going to get any better ?	<input type="checkbox"/>	<input type="checkbox"/>			
8. In general have you stopped enjoying all the things you usually enjoy?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Overall, how bothersome has your back pain been in the last 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): _____

Note: Clinic Staff - Please enter score in the Epic Back Pain Stratification (STarT Back) flow sheet.

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