

The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

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

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