

STarT Back Screening Tool

Patient Name: _____ Date: _____ Time: _____

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

		Disagree (0)	Agree (1)		
1	My back pain has spread down my leg(s) at some point 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	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 (1)	Extremely (1)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use: Total Score (all 9): _____ (Total ≥ 4 : Mod/High) Subscore (Q5–9): _____ (Sub ≤ 3 : Mod, ≥ 4 : High)



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CPM009C/03-08-13 - 03/08/13 Patient and Provider Publications

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