

### SRS-22r Patient Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 First MI Last (Month/Day/Year)

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ + \_\_\_\_\_  
 (Month/Day/Year) Years Months

Medical Record Number: \_\_\_\_\_

**INSTRUCTIONS:** We are carefully evaluating the condition of your back and it is IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF. Please CIRCLE THE ONE BEST ANSWER TO EACH QUESTION.

- |   |  |
|---|--|
| <p>1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?<br/>       None<br/>       Mild<br/>       Moderate<br/>       Moderate to severe<br/>       Severe</p> | <p>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?<br/>       Very happy<br/>       Somewhat happy<br/>       Neither happy nor unhappy<br/>       Somewhat unhappy<br/>       Very unhappy</p> |
| <p>2. Which one of the following best describes the amount of pain you have experienced over the last month?<br/>       None<br/>       Mild<br/>       Moderate<br/>       Moderate to severe<br/>       Severe</p>      | <p>5. What is your current level of activity?<br/>       Bedridden<br/>       Primarily no activity<br/>       Light labor and light sports<br/>       Moderate labor and moderate sports<br/>       Full activities without restriction</p>                       |
| <p>3. During the past 6 months have you been a very nervous person?<br/>       None of the time<br/>       A little of the time<br/>       Some of the time<br/>       Most of the time<br/>       All of the time</p>    | <p>6. How do you look in clothes?<br/>       Very good<br/>       Good<br/>       Fair<br/>       Bad<br/>       Very bad</p>  |

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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 pain medication use for back pain?  
None  
Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)  
Non-narcotics daily  
Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)  
Narcotics 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 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 your personal relationships?  
None  
Slightly  
Mildly  
Moderately  
Severely

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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 downhearted and blue?  
Never  
Rarely  
Sometimes  
Often  
Very often
17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?  
0 days  
1 day  
2 days  
3 days  
4 or more days
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 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 the results of your back management?  
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.**