

1
2 SRS-22r Patient Questionnaire
3

4 (Note, this is a sample with responses from an imaginary patient circled and the value of each response listed
5 (in **bold**), which they are not on the questionnaire as administered to the patient.)
6

7 **Patient Name:** _____ (_____)
8 First MI Last (Maiden; if applicable)
9

10 **Today's Date:** _____ **Date of Birth:** _____ **Age:** _____ + _____
11 Mo Day Year Mo Day Year Yrs Mos
12

13 **Medical Record #:** _____
14
15

16 **INSTRUCTIONS:** We are carefully evaluating the condition of your back and it is **IMPORTANT THAT**
17 **YOU ANSWER EACH OF THESE QUESTIONS YOURSELF.** Please **CIRCLE THE ONE BEST**
18 **ANSWER TO EACH QUESTION.**
19

20 1. Which one of the following best describes the amount of pain you have experienced during the past 6
21 months?
22

- 23 **5** None
24 **4** Mild
25 **3** Moderate
26 **2** Moderate to severe
27 **1** Severe
28

29 2. Which one of the following best describes the amount of pain you have experienced over the last month?
30

- 31 **5** None
32 **4** Mild
33 **3** Moderate
34 **2** Moderate to severe
35 **1** Severe
36

37 3. During the past 6 months have you been a very nervous person?
38

- 39 **5** None of the time
40 **4** A little of the time
41 **3** Some of the time
42 **2** Most of the time
43 **1** All of the time
44
45

46 (CONTINUED ON NEXT PAGE)
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1
2 4. If you had to spend the rest of your life with your back shape as it is right now, how
3 would you feel about it?
4

- 5 5 Very happy
- 6 4 Somewhat happy
- 7 3 Neither happy nor unhappy
- 8 2 Somewhat unhappy
- 9 1 Very unhappy

10
11 5. What is your current level of activity?
12

- 13 1 Bedridden
- 14 2 Primarily no activity
- 15 3 Light labor and light sports
- 16 4 Moderate labor and moderate sports
- 17 5 Full activities without restriction

18
19 6. How do you look in clothes?
20

- 21 5 Very good
- 22 4 Good
- 23 3 Fair
- 24 2 Bad
- 25 1 Very bad

26
27 7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?
28

- 29 1 Very often
- 30 2 Often
- 31 3 Sometimes
- 32 4 Rarely
- 33 5 Never

34
35 8. Do you experience back pain when at rest?
36

- 37 1 Very often
- 38 2 Often
- 39 3 Sometimes
- 40 4 Rarely
- 41 5 Never

42
43 9. What is your current level of work/school activity?
44

- 45 5 100% normal
- 46 4 75% normal
- 47 3 50% normal
- 48 2 25% normal
- 49 1 0% normal

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51 (CONTINUED ON NEXT PAGE)
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3 10. Which of the following best describes the appearance of your trunk; defined as the human
4 body except for the head and extremities?

- 5
6 5 Very good
7 4 Good
8 3 Fair
9 2 Poor
10 1 Very Poor

11
12
13 11. Which one of the following best describes your pain medication use for back pain?

- 14
15 5 None
16 4 Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
17 3 Non-narcotics daily
18 2 Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
19 1 Narcotics daily

20
21
22 12. Does your back limit your ability to do things around the house?

- 23
24 5 Never
25 4 Rarely
26 3 Sometimes
27 2 Often
28 1 Very Often

29
30 13. Have you felt calm and peaceful during the past 6 months?

- 31
32 5 All of the time
33 4 Most of the time
34 3 Some of the time
35 2 A little of the time
36 1 None of the time

37
38 14. Do you feel that your back condition affects your personal relationships?

- 39
40 5 None
41 4 Slightly
42 3 Mildly
43 2 Moderately
44 1 Severely

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(CONTINUED ON NEXT PAGE)

1
2 15. Are you and/or your family experiencing financial difficulties because of your back?
3

- 4 1 Severely
- 5 2 Moderately
- 6 3 Mildly
- 7 4 Slightly
- 8 5 None

9
10 16. In the past 6 months have you felt down hearted and blue?
11

- 12 5 Never
- 13 4 Rarely
- 14 3 Sometimes
- 15 2 Often
- 16 1 Very often

17
18 17. In the last 3 months have you taken any days off of work, including household work, or school because of back
19 pain?
20

- 21 5 0 days
- 22 4 1 day
- 23 3 2 days
- 24 2 3 days
- 25 1 4 or more days

26
27 18. Does your back condition limit your going out with friends/family?
28

- 29 5 Never
- 30 4 Rarely
- 31 3 Sometimes
- 32 2 Often
- 33 1 Very often

34
35 19. Do you feel attractive with your current back condition?
36

- 37 5 Yes, very
- 38 4 Yes, somewhat
- 39 3 Neither attractive nor unattractive
- 40 2 No, not very much
- 41 1 No, not at all

42
43 20. Have you been a happy person during the past 6 months?
44

- 45 1 None of the time
- 46 2 A little of the time
- 47 3 Some of the time
- 48 4 Most of the time
- 49 5 All of the time

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51 (CONTINUED ON NEXT PAGE)

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21. Are you satisfied with the results of your back management?

- 5 Very satisfied
- 4 Satisfied
- 3 Neither satisfied nor unsatisfied
- 2 Unsatisfied
- 1 Very unsatisfied

22. Would you have the same management again if you had the same condition?

- 5 Definitely yes
- 4 Probably yes
- 3 Not sure
- 2 Probably not
- 1 Definitely not

Thank you for completing this questionnaire. Please comment if you wish.

End

SRS-22r Patient Questionnaire/Score Sheet (Sample to accompany sample questionnaire)

Name: _____ (_____) Date: _____
 First MI Last (Maiden: if appropriate) Mo Day Year

DOMAIN	(Score 5 Best- 1 Worst)					Sum of Responses	# Questions Answered (Possible)	Mean Score ⁺⁺⁺
						A	B	A ÷ B
Function	<u>3</u> 5 ⁺	<u>4</u> 9	<u>3</u> 12	<u>x</u> 15	<u>2</u> 18	<u>12</u>	<u>4</u> (5)	<u>3</u>
Pain	<u>2</u> 1	<u>4</u> 2	<u>4</u> 8	<u>1</u> 11	<u>1</u> 17	<u>12</u>	<u>5</u> (5)	<u>2.4</u>
Self image	<u>3</u> 4	<u>3</u> 6	<u>3</u> 10	<u>4</u> 14	<u>4</u> 19	<u>17</u>	<u>5</u> (5)	<u>3.4</u>
Mental health ⁺⁺	<u>4</u> 3	<u>4</u> 7	<u>3</u> 13	<u>4</u> 16	<u>4</u> 20	<u>19</u>	<u>5</u> (5)	<u>3.8</u>
SUB TOTAL						<u>60</u>	<u>19</u> (20)	<u>3.16</u>
Satisfaction/Dissatisfaction with management				<u>4</u> 21	<u>4</u> 22	<u>8</u>	<u>2</u> (2)	<u>4</u>
TOTAL						<u>68</u>	<u>21</u> (22)	<u>3.24</u>

⁺Question number
⁺⁺Questions adopted with permission from SF-36
⁺⁺⁺Mean Score 5 Best-1 Worst

SCORING INSTRUCTIONS:
 Unanswered questions-reduce questions answered denominator by appropriate number
 Delete questions with more than one response
 Domain can't be scored if fewer than 3 questions answered.
 9-22-06