**Modified SRS Outcomes Instrument**

**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. Please answer all questions.

1. Which one of the following best describes the amount of pain you have experienced in the past 6 months?
   
   None  
   Mild  
   Moderate  
   Moderate to severe  
   Severe  

2. Which one of the following best describes the amount of pain you have experienced over the last month?
   
   None  
   Mild  
   Moderate  
   Moderate to severe  
   Severe  

3. During the past 6 months have you been a very nervous person?
   
   None of the time  
   A little of the time  
   Some of the time  
   Most of the time  
   All of the time  

4. If you have to spend the rest of your life with your back shape as it is right now, how would you feel about it?
   
   Very happy  
   Somewhat happy  
   Neither happy nor unhappy  
   Somewhat unhappy  
   Very unhappy  

5. What is your current level of activity?
   
   Bedridden / wheelchair  
   Primarily no activity  
   Light labour such as household chores and light sports  
   Moderate manual labour and moderate sports  
   Full activities without restriction
6. How do you look in clothes?

Very good
Good
Fair
Bad
Very bad

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 of the following best describes your medication usage for your back?

None
Non-narcotics weekly or less (eg aspirin, ibuprofen, paracetamol)
Non-narcotics daily
Narcotics weekly or less (eg codeine, morphine, tramadol)
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

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 down hearted and blue?

Never
Rarely
Sometimes
Often
Very often

17. In the last 3 months have you taken any sick days from work/school due to back pain and if so how many?

0
1
2
3
4 or more
18. Do you go out more or less than your friends?
   Much more
   More
   Same
   Less
   Much less

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