

Name: _____

Date: ____/____/____

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