

APPENDIX A

## The Keele STarT Back Screening Tool

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Thinking about the **last 2 weeks** mark your response to the following questions:

**Disagree** **Agree**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. My back pain has <b>spread down my leg(s)</b> at some time                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have had pain in the <b>shoulder</b> or <b>neck</b> at some time                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have only <b>walked short distances</b> because of my back pain                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have <b>dressed more slowly</b> than usual because of back pain                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. It's not safe for a person with a condition like mine to be physically active             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Worrying thoughts</b> have been going through my mind a lot of the time                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In general I have <b>not enjoyed</b> all the things I used to enjoy                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Overall, how <b>bothersome</b> has your back pain been in the <b>last 2 weeks</b> ?       |                          |                          |

Not at all

Slightly

Moderately

Very much

Extremely

0

0

0

1

1

**Total score (all 9):** \_\_\_\_\_ **Sub Score (Q5-9):** \_\_\_\_\_