

## The STarT Back Musculoskeletal Screening Tool

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

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

	Disagree 0	Agree 1
1 My pain has <b>spread</b> at some time in the past 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 In addition to my main pain, I have had <b>pain elsewhere</b> in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 In the last 2 weeks, I have only <b>walked short distances</b> because of my pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have <b>dressed more slowly</b> than usual because of my pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's really 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 in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that <b>my pain is terrible</b> and that <b>it's never going to get any better</b>	<input type="checkbox"/>	<input type="checkbox"/>
8 In general in the last 2 weeks, I have <b>not enjoyed</b> all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how **bothersome** has your pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1