

The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

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

| | No 0 | Yes 1 |
|---|--------------------------|--------------------------|
| 1 Has your back pain spread down your leg(s) at some time in the last 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have you had pain in the shoulder or neck at some time in the last 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you only walked short distances because of your back pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 In the last 2 weeks, have you dressed more slowly than usual because of back pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Do you think it's not really safe for a person with a condition like yours to be physically active? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Have worrying thoughts been going through your mind a lot of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you feel that your back pain is terrible and it's never going to get any better? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 In general have you stopped enjoying all the things you usually enjoy? | <input type="checkbox"/> | <input type="checkbox"/> |

9. Overall, how **bothersome** has your back 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 |

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

The STarT Tool Scoring System

