

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