

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 spread down my leg(s) at some time | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have had pain in the shoulder or neck at some time | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have only walked short distances because of my back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have dressed more slowly 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. Worrying thoughts have been going through my mind a lot of the time | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel that my back pain is terrible and it's never going to get any better | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In general I have not enjoyed all the things I used to 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):** _____