Patient Name: Date:

STarT Back: For these questions, please think about your back pain over the **last few days.**

1st Time Score	2nd Time Score	Change score

1. How **bothersome** has **pain spreading down your legs from your back** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

2. How **bothersome** has pain in your **shoulder** or **neck** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

For each of the following, please cross one box to show how much you agree or disagree with the statement, thinking about the **last few days.**

3. In the last **few days**, I have **dressed more slowly** than usual because of my back pain.

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

4. In the last **few days**, I have only **walked short distances** because of my back pain.

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

5. It's **really not safe** for a person with a condition like mine to be **physically active.**

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

6. **Worrying thoughts** have been going through my mind a lot of the time in the last **few days**.

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

7. I feel that **my back pain is terrible** and that **it is never going to get any better**.

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

8. In general, in the last **few days**, I have **not enjoyed** all the things I used to enjoy.

Completely disagree — Strongly agree

0	1	2	3	4	5	6	7	8	9	10

9. Overall, how **bothersome** has your **back pain** been in the **last few days**?

Not at all	Slightly	Moderately	Very much	Extremely
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Low Medium High