

Generic STarT Back Screening Tool

Patient Name: _____

Date: _____

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

	Disagree 0	Agree 1
1. It's really not safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
2. Worrying thoughts have been going through my mind a lot of the time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that my problem is terrible and that it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
4. In general in the last 2 weeks, I have not enjoyed all the things I used to enjoy.	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how **bothersome** has your condition 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

Score _____

IN OFFICE USE ONLY: Time In: _____ Time Out: _____

Eval Time: _____ Goal Activity: _____ # of Visits: _____ Classification: _____

Condition to Treat After DC: _____ Outcome Score: _____ Pain: _____