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The Keele STarT Back Screening Tool

	Patient name: Date:						
	Thinking about the l	ast 2 weeks tid	ck your response to	the following ques	stions:	No 0	Yes
1	Has your back pain spread down your leg(s) at some time in the last 2 weeks?						
2.	Have you had pain in the shoulder or neck at some time in the last 2 weeks?						
3	Have you only walked short distances because of your back pain?						
4	, , , , , , , , , , , , , , , , , , ,						
5	Do you think it's not really safe for a person with a condition like yours to be physically active?						
6	Have worrying thoughts been going through your mind a lot of the time?						
7	Do you feel that your back pain is terrible and it's never going to get any better?						
8	8 In general have you stopped enjoying all the things you usually enjoy?						
9. Overall, how bothersome has your back pain been in the last 2 weeks? Not at all Slightly Moderately Very much Extremely							
	Total score (all 9). Sub Score (O5.9).						

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