

CT Scoliosis and Spine Rehab, LLC

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SRS – 22R Patient Questionnaire

Patient Name: _____ **DOB:** _____

Today's Date: _____ **Age:** _____

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.

1. Which one of the following best describes the amount of pain your have experienced during 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 past 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 had 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

Primarily no activity

Light labor and light sports

Moderate labor 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 one of the following best describes your pain medication use for back pain?

None

Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)

Non-narcotics daily

Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)

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 past 3 months have you taken any days off of work, including household work, or school because of back pain?

0 days

1 day

2 days

3 days

4 or more days

18. Does your back condition limit your going out with family/friends?

Never

Rarely

Sometimes

Often

Very Often

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