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| **STarT Back Screening Tool (SBST) :** | |
|  | 1. Has your back pain spread down your leg(s) at some time in the last 2 weeks? | |
| 1 - No 2 - Yes | |
| 2. Have you had pain in the shoulder or neck at some time in the last 2 weeks? | |
| 1 - No 2 - Yes | |
| 3. Have you only walked short distances because of your back pain? | |
| 1 - No 2 - Yes | |
| 4. In the last 2 weeks, have you dressed more slowly than usual because of back pain? | |
| 1 - No 2 - Yes | |
| 5. Do you think it's not really safe for a person with a condition like yours to be physically active? | |
| 1 - No 2 - Yes | |
| 6. Have worrying thoughts been going through your mind a lot of the time? | |
| 1 - No 2 - Yes | |
| 7. Do you feel that your back pain is terrible and it’s never going to get any better? | |
| 1 - No 2 - Yes | |
| 8. In general have you stopped enjoying all the things you usually enjoy? | |
| 1 - No 2 - Yes | |
| 9. Overall, how bothersome has your back pain been in the last 2 weeks? | |
| 1 - Not at all 2 - Slightly 3 - Moderately 4 - Very Much 5 - Extremely | |
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