

# SCOLIOSIS RESEARCH SOCIETY PATIENT QUESTIONNAIRE

(SRS-22r)

PATIENT NAME

DATE

This is a standardised international questionnaire for the assessment of your condition.

We are carefully evaluating the condition of your back and it is important that you answer each of these questions yourself. Please select the **one best answer** to each question.

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?

- None
- Mild
- Moderate
- Moderate to severe
- Severe

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

2. Which one of the following best describes the amount of pain you have experienced over the last month?

- None
- Mild
- Moderate
- Moderate to severe
- Severe

5. What is your current level of activity?

- Bedridden
- Primarily no activity
- Light labour and light sports
- Moderate labour and moderate sports
- Full activities without restriction

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

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
- Bad
- Very bad

11. Which one of the following best describes your pain medication use for back pain?

- None
- Non-narcotics weekly or less  
(eg. Aspirin, Panadol, Ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less  
(eg. Panadeine Forte, Endone)
- 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 last 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 friends/family?

- 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

Thank you for completing this questionnaire.  
Please comment if you wish.