

The Modified SRS Outcomes Questionnaire

The Royal Orthopaedic Hospital
Birmingham

This questionnaire is designed to give us information about your particular back problem and how it has affected your ability to manage in everyday life.

Instructions

1. Take your time and read each question carefully.
2. Please answer each question by placing a tick in the box next to the most appropriate answer.
3. You should be able to complete these questionnaires by yourself but if you have any problems please ask a nurse for assistance.
4. When you have completed the questionnaires please return them to the nurse in the clinic.

Thank you.

Mrs. D. Baker, Clinical Outcomes Sister.

Please return to:

Research and Teaching Centre

Royal Orthopaedic Hospital NHS Foundation Trust,

Birmingham.

SRS questionnaire (cont.)

Section 1 - Which one of the following best describes the amount of pain you have experienced in the past 6 months?

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

Section 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.

Section 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.

Section 4 - If you have 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.

Section 5 - What is your current level of activity?

- Bedridden / wheelchair.
- Primarily no activity.
- Light activity such as household chores.
- Moderate manual activity / moderate sports.
- Full activities without restriction.

Section 6 - How do you look in clothes?

- Very good.
- Good.
- Fair.
- Bad.
- Very bad.

SRS questionnaire (cont.)

Section 7 - In the past 6 months have you felt so down in the dumps that nothing could cheer you up?	Very often.	<input type="checkbox"/>
	Often.	<input type="checkbox"/>
	Sometimes.	<input type="checkbox"/>
	Rarely.	<input type="checkbox"/>
	Never.	<input type="checkbox"/>
Section 8 - Do you experience back pain at rest?	Very often.	<input type="checkbox"/>
	Often.	<input type="checkbox"/>
	Sometimes.	<input type="checkbox"/>
	Rarely.	<input type="checkbox"/>
	Never.	<input type="checkbox"/>
Section 9 - What is your current level of work/school activity?	100% of normal.	<input type="checkbox"/>
	75% of normal.	<input type="checkbox"/>
	50% of normal.	<input type="checkbox"/>
	25% of normal.	<input type="checkbox"/>
	0% of normal.	<input type="checkbox"/>
Section 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.	<input type="checkbox"/>
	Good.	<input type="checkbox"/>
	Fair.	<input type="checkbox"/>
	Bad.	<input type="checkbox"/>
	Very bad.	<input type="checkbox"/>
Section 11 - Which one of the following best describes the medication usage for your back?	None.	<input type="checkbox"/>
Non-narcotics - Weekly or less (e.g. Aspirin, Ibuprofen, paracetamol).		<input type="checkbox"/>
Non-narcotics daily.		<input type="checkbox"/>
Narcotics weekly or less (e.g. Codeine Morphine, Tramadol).		<input type="checkbox"/>
Narcotics daily.		<input type="checkbox"/>
Section 12 - Does your back limit your ability to do things around the house?	Never.	<input type="checkbox"/>
	Rarely.	<input type="checkbox"/>
	Sometimes.	<input type="checkbox"/>
	Often.	<input type="checkbox"/>
	Very often.	<input type="checkbox"/>

SRS questionnaire (cont.)

Section 13 - Have you felt calm and peaceful during the past 6 months?	All of the time.	<input type="checkbox"/>
	Most of the time.	<input type="checkbox"/>
	Some of the time.	<input type="checkbox"/>
	A little of the time.	<input type="checkbox"/>
	None of the time.	<input type="checkbox"/>
Section 14 - Do you feel that your back condition affects your personal relationships?	None.	<input type="checkbox"/>
	Slightly.	<input type="checkbox"/>
	Mildly.	<input type="checkbox"/>
	Moderately.	<input type="checkbox"/>
	Severely.	<input type="checkbox"/>
Section 15 - Are you and/or your family experiencing financial difficulties because of your back?	Severely.	<input type="checkbox"/>
	Moderately.	<input type="checkbox"/>
	Mildly.	<input type="checkbox"/>
	Slightly.	<input type="checkbox"/>
	None.	<input type="checkbox"/>
Section 16 - In the past 6 months have you felt downhearted and blue?	Never.	<input type="checkbox"/>
	Rarely.	<input type="checkbox"/>
	Sometimes.	<input type="checkbox"/>
	Often.	<input type="checkbox"/>
	Very often.	<input type="checkbox"/>
Section 17 - In the last 3 months have you taken any sick days from work/school due to back pain and if so how many?	0.	<input type="checkbox"/>
	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
	4 or more.	<input type="checkbox"/>
Section 18 - Do you go out more or less than your friends?	Much more.	<input type="checkbox"/>
	More.	<input type="checkbox"/>
	Same.	<input type="checkbox"/>
	Less.	<input type="checkbox"/>
	Much less.	<input type="checkbox"/>

SRS questionnaire (cont.)

Section 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.

Section 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.

Section 21 - Are you satisfied with the results of your back management?

Very satisfied.

Satisfied.

Neither satisfied nor unsatisfied.

Unsatisfied.

Very unsatisfied.

Section 22 - Would you have the same management again if you had the same condition?

Definitely yes.

Probably yes.

Not sure.

Probably not.

Definitely not.