Eastern Health
Physiotherapy Services

The STarT Back Screening Tool

Name:

HCN:

Date of Birth:

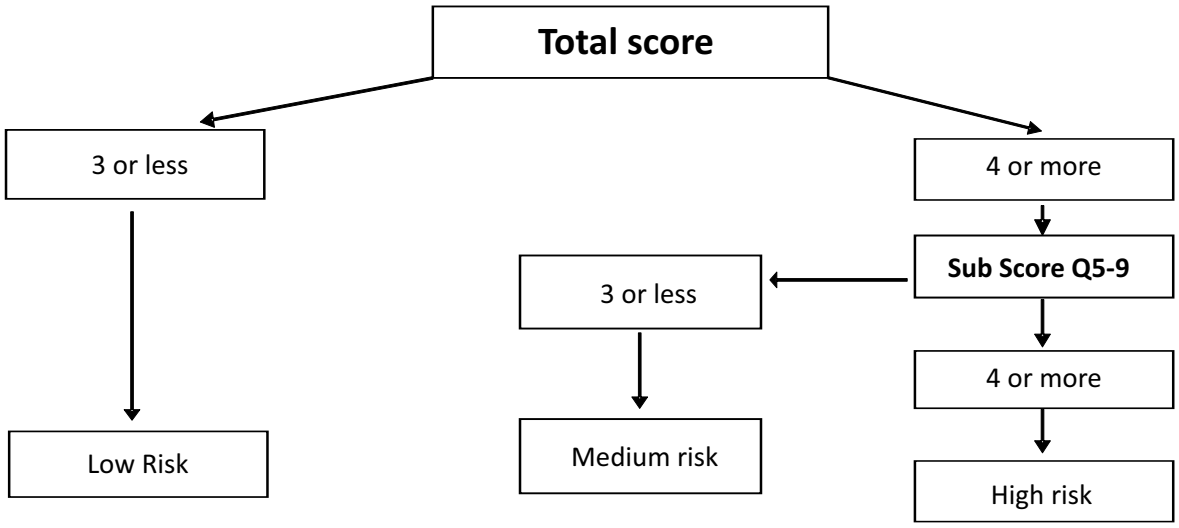
Thinking about the **last 2 weeks** tick your response to the following questions:	Disagree 0	Agree 1
1. My back pain has **spread down my leg(s)** at some time in the last 2 weeks.	☐	☐
2. I have had pain in the **shoulder** or **neck** at some time in the last 2 weeks.	☐	☐
3. I have only **walked short distances** because of my back pain.	☐	☐
4. In the last 2 weeks, I have **dressed more slowly** than usual because of back pain.	☐	☐
5. It's not really safe for a person with a condition like mine to be physically active.	☐	☐
6. **Worrying thoughts** have been going through my mind a lot of the time.	☐	☐
7. I feel that **my back pain is terrible** and **it's never going to get any better.**	☐	☐
8. In general I have **not enjoyed** all the things I used to enjoy.	☐	☐

9. Overall, how **bothersome** has your back pain been in the **last 2 weeks?**

Not at all	Slightly	Moderately	Very Much	Extremely
☐	☐	☐	☐	☐
0	**0**	**0**	**1**	**1**

Total score (all 9): _____ **Sub Score (Question 5 - 9):** _____

The STarT Back Tool Scoring System



Patient's Signature: _____ Date: DD/MONTH/YYYY

Physiotherapist's Name: _____ Date: DD/MONTH/YYYY

Physiotherapist's Signature: _____

The personal information is being collected under the authority of Sections 29, 30 and 31 of the Personal Health Information Act and will be used to plan your care. If you have questions concerning the collection, use, and disclosure of this information, please contact your Physiotherapist. If you have questions relating to Privacy and Access, please contact 777-8025.