

EQ-5D

Under each heading, please tick the **ONE** box that best describes your health **TODAY**:

MOBILITY:

- I have no problems walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE:

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (eg., work, study, housework, family or leisure activities):

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN/DISCOMFORT:

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY/DEPRESSION:

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

STarT Back

Thinking about the **last 2 weeks** tick your response to the following questions:

	Disagree	Agree
	0	1
1. My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3. I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5. It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6. Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8. In general, I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, how bothersome has your back pain been in the last 2 weeks ?		
Not at all Slightly Moderately Very much Extremely		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
0 0 0 1 1		

Total score (all 9): _____ **Sub Score (Q5-9):** _____