

The Keele STarT MSK Tool [©] Clinician-empty version

For questions 1-9, think about just the last two weeks:

Pain intensity

1) On average, how intense was your pain? [where 0 is “no pain”, 10 is “pain as bad as it could be”](0-4:

0pts, 5-6: 1pt, 7-10: 3pts)

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes 1	No 0
Pain self-management 2) Have you been struggling to manage or control this pain by yourself? (e.g. using medication or exercises etc...)	<input type="checkbox"/>	<input type="checkbox"/>
Pain impact 3) Over the last 2 weeks, have you been bothered a lot by your pain?	<input type="checkbox"/>	<input type="checkbox"/>
Walking short distances only 4) Have you only been able to walk short distances because of your pain?	<input type="checkbox"/>	<input type="checkbox"/>
Pain elsewhere 5) Are you having troublesome pain in more than one part of your body?	<input type="checkbox"/>	<input type="checkbox"/>
Long-term expectations 6) Are you concerned you’re developing a long-term problem?	<input type="checkbox"/>	<input type="checkbox"/>
Other important health problems 7) Are you also having to deal with other important health problems at present?	<input type="checkbox"/>	<input type="checkbox"/>
Emotional well-being 8) Have you felt anxious or low in your mood because of your pain?	<input type="checkbox"/>	<input type="checkbox"/>
Fear of harm 9) Do you worry that physical activity could make your condition worse?	<input type="checkbox"/>	<input type="checkbox"/>
Pain duration 10) Have you had your current pain problem for 6 months or more?	<input type="checkbox"/>	<input type="checkbox"/>

Red text represents coding applied if box ticked
 Total maximum score = 12
 0 – 4 = Low Risk, 5-8 = Medium Risk, 9 – 12 High Risk