

The Keele STarT MSK Tool [©] Self-report 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” and 10 is “pain as bad as it could be”]?

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"/>

Please cross one box for each question below

	Yes	No
2) Do you often feel unsure about how to manage your pain condition?	<input type="checkbox"/>	<input type="checkbox"/>
3) Over the last two weeks, have you been bothered a lot by your pain?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you only been able to walk short distances because of your pain?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you had troublesome joint or muscle pain in more than one part of your body?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you think your condition will last a long time?	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you have other important health problems?	<input type="checkbox"/>	<input type="checkbox"/>
8) Has pain made you feel down or depressed in the last two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you feel it is unsafe for a person with a condition like yours to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>
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 = Option A, 5-8 = Option B, 9 – 12 Option C