

INFLAMMATORY BACK PAIN QUESTIONNAIRE

Patient Name _____

Date of Birth _____

INFLAMMATORY BACK PAIN SCREENING TOOL

Have you experienced back pain for >3 months?

If Yes, proceed with the following questions:

1. Did the back pain start before the age of 40?	YES	NO
2. Did the back pain develop gradually?	YES	NO
3. Does the back pain improve with exercise?	YES	NO
4. Does the back pain NOT improve with rest?	YES	NO
5. Does the back pain occur at night and improve after getting up?	YES	NO
TOTAL QUESTIONS ANSWERED YES* =		

Adapted from ASAS IBP criteria: Sieper J et al. Ann Rheum Dis. 2009; 68:784–788.

*Criteria for IBP are fulfilled if at least 4 of 5 questions are answered Yes.

For clinician to complete:

LABS AND RADIOGRAPHIC EVALUATION

HLA B-27 Positive _____ ☐ YES ☐ NO ☐ NOT DONE

Elevated CRP (If yes, specify level) _____ ☐ YES ☐ NO ☐ NOT DONE

Sacroiliac (SI) joint X-Ray (Ferguson view), optional _____ ☐ YES ☐ NO ☐ NOT DONE

The axial spondyloarthritis IBP questionnaire is an informational resource only and is not intended as medical advice. Healthcare providers should exercise professional judgment when treating patients. The information contained in this questionnaire is intended for U.S. healthcare practitioners only. By using or distributing any contents of this questionnaire, in whole or in part, you certify that you are a healthcare provider licensed in the U.S.

