

SCOLIOSIS QUESTIONNAIRE

INSTRUCTIONS: We are carefully evaluating the condition of your back and it is **IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF.** Please **CIRCLE THE ONE BEST ANSWER TO EACH QUESTION.**

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?
 - None
 - Mild
 - Moderate
 - Moderate to severe
 - Severe
2. Which one of the following best describes the amount of pain you have experienced over the last month?
 - None
 - Mild
 - Moderate
 - Moderate to severe
 - Severe
3. During the past 6 months have you been a very nervous person?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
4. If you had to spend the rest of your life with the your back slumped as it is right now, how would you feel about it?
 - Very happy
 - Somewhat happy
 - Neither happy nor unhappy
 - Somewhat unhappy
 - Very unhappy
5. What is your current level of activity?
 - Bedridden
 - Primarily in activity
 - Light labor and light sports
 - Moderate labor and moderate sports
 - Full activities without restriction
6. How do you look in clothes?
 - Very good
 - Good
 - Fair
 - Bad
 - Very Bad
7. In the past six months have you felt so down in the dumps that nothing could cheer you up?
 - Very often
 - Often
 - Sometimes
 - Rarely
 - Never
8. Do you experience back pain when at rest?
 - Very often
 - Often
 - Sometimes
 - Rarely
 - Never
9. What is your current level of work/school activity?
 - 100% normal
 - 75% normal
 - 50% normal
 - 25% normal
 - 0% normal
10. Which of the following best describes the appearance of your trunk defined as the human body except for the head and extremities?
 - Very good
 - Good
 - Fair
 - Poor
 - Very poor
11. Which one of the following best describes medication usage for your back?
 - None
 - Non-narcotic weekly or less (Aspirin, Tylenol, Ibuprofen)
 - Non-narcotic daily
 - Narcotic weekly or less (Tylenol II, Lorazepam, Percocet)
 - Narcotic daily
 - Other _____

Medication Usage ("weekly or less" or "daily")
12. Does your back limit your ability to do things around the house?
 - Never
 - Rarely
 - Sometimes
 - Often
 - Very often
13. Have you felt sad and peaceful during the past six months?
 - All the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time
14. Do you feel that your back condition affects your personal relationships?
 - Never
 - Slightly
 - Mildly
 - Moderately
 - Severely
15. Are you and/or your family experiencing financial difficulties because of your back?
 - Severely
 - Moderately
 - Mildly
 - Slightly
 - None
16. In the past 6 months have you felt down hearted and blue?
 - Never
 - Rarely
 - Sometimes
 - Often
 - Very Often
17. In the last 7 months have you taken any sick days from work/school due to back pain and if so, how many?
 - 0
 - 1
 - 2
 - 3
 - 4 or more
18. Do you go out more or less than your friends?
 - Much more
 - More
 - Same
 - Less
 - Much Less
19. Do you feel attractive with your current back condition?
 - Yes, very
 - Yes, somewhat
 - Neither attractive nor unattractive
 - No, not very much
 - No, not at all
20. Have you been a happy person during the past 6 months?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
21. Are you satisfied with the results of your back management?
 - Very satisfied
 - Satisfied
 - Neither satisfied, nor unsatisfied
 - Unsatisfied
 - Very unsatisfied
22. Would you have the same management again if you had the same condition?
 - Definitely yes
 - Probably yes
 - Not sure
 - Probably not
 - Definitely not

Thank you for completing this questionnaire. Please return it if you wish.