Scoliosis Patient Questionnaire:  
Version 30 (Encompasses Versions 22 and 24)  

Modified 06/11/13

Patient Name: ____________________________  Age: _______  Date: ____________

Medical Record #: ________________________  Sex: _______

Exam:  Pre-treatment  3 mos.  6 mos.  1 year  ________ years

Your doctors are carefully evaluating the condition of your back before and after your treatment. Please circle the one best answer to each question unless otherwise indicated. If you already have had surgery, please complete sections 1 and 2. Otherwise, just complete section 1.

All results will be kept confidential.

Section 1: All Patients

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?
   22:1  24:1
   - None 5  - Moderate to severe 2
   - Mild 4  - Severe 1
   - Moderate 3

2. Which one of the following best describes the amount of pain you have experienced over the last month?
   22:2  24:2
   - None 5  - Moderate to severe 2
   - Mild 4  - Severe 1
   - Moderate 3

3. During the past 6 months have you been a very nervous person?
   22:3  24:n/a
   - None of the time 5  - Most of the time 2
   - A little of the time 4  - All of the time 1
   - Some of the time 3

4. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?
   22:4  24:3
   - Very happy 5  - Somewhat unhappy 2
   - Somewhat happy 4  - Very unhappy 1
   - Neither happy nor unhappy 3

5. What is your current level of activity?
   22:5  24:4
   - Bedridden/wheelchair 1
   - Primarily no activity 2
   - Light labor, such as household chores 3
   - Moderate manual labor and moderate sports, such as walking and biking 4
   - Full activities without restriction 5

6. How do you look in clothes?
   22:6  24:5
   - Very good 5
   - Good 4
   - Fair 3
   - Bad 2
   - Very bad 1

7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?
   22:7  24:n/a
   - Very often 1  - Rarely 4
   - Often 2  - Never 5
   - Sometimes 3

8. Do you experience back pain when at rest?
   22:8  24:6
   - Very often 1  - Rarely 4
   - Often 2  - Never 5
   - Sometimes 3

9. What is your current level of work/school activity?
   22:9  24:7
   - 100% normal 5  - 25% normal 2
   - 75% normal 4  - 0% normal 1
   - 50% normal 3

10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?
    22:10  24:n/a
    - Very good 5  - Poor 2
    - Good 4  - Very poor 1
    - Fair 3

11. Which one of the following best describes your medication usage for your back?
    22:11  24:8
    - None 5
    - Non-narcotics weekly or less (e.g., Tylenol, Ibuprofen) 4
    - Non-narcotics daily 3
    - Narcotics weekly or less (e.g., Tylenol #3, Lorocet, Percocet, Darvocet) 2
    - Narcotics daily 1
    - Other (please specify below)

Medication:

Usage (weekly or less or daily):

______________________________________________________________
12. Does your back limit your ability to do things around the house?
   22:12
   □ Never 5  □ Often 2
   □ Rarely 4  □ Very often 1
   □ Sometimes 3
   24:9

13. Have you felt calm and peaceful during the past 6 months?
   22:13
   □ All of the time 5  □ A little of the time 2
   □ Most of the time 4  □ None of the time 1
   □ Some of the time 3
   24:n/a

14. Do you feel that your back condition affects your personal relationships?
   22:14
   □ None 5  □ Moderately 2
   □ Slightly 4  □ Severely 1
   □ Mildly 3
   24:11

15. Are you and/or your family experiencing financial difficulties because of your back?
   22:15
   □ Severely 1  □ Slightly 4
   □ Moderately 2  □ None 5
   □ Mildly 3
   24:12

16. In the past 6 months have you felt down-hearted and blue?
   22:16
   □ Never 5  □ Often 2
   □ Rarely 4  □ Very often 1
   □ Sometimes 3
   24:n/a

17. In the last 3 months have you taken any sick days from work/school due to back pain and, if so, how many?
   22:17
   □ 0 5 □ 1 4 □ 2 3 □ 3 2 □ 4 or more 1
   24:10

18. Do you go out more or less than your friends?
   22:18
   □ Much More 5  □ Less 2
   □ More 4  □ Much less 1
   □ Same 3
   24:13

19. Do you feel attractive with your current back condition?
   22:19
   □ Yes, very 5  □ No, not very much 2
   □ Yes, somewhat 4  □ No, not at all 1
   □ Neither attractive nor unattractive 3
   24:14

20. Have you been a happy person during the past 6 months?
   22:20
   □ None of the time 1  □ Most of the time 4
   □ A little of the time 2  □ All of the time 5
   □ Some of the time 3
   24:n/a

21. Are you satisfied with the results of your back management?
   22:n/a
   □ Very satisfied 5  □ Unsatisfied 2
   □ Satisfied 4  □ Very unsatisfied 1
   □ Neither satisfied nor unsatisfied 3
   24:15

22. Would you have the same management again if you had the same condition?
   22:21
   □ Definitely yes 5  □ Probably not 2
   □ Probably yes 4  □ Definitely not 1
   □ Not sure 3
   24:15

23. On a scale of 1 to 9, with 1 being very low and 9 being extremely high, how would you rate your self-image?
   22:22
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9
   24:24

Section 2: Post-surgery patients only

24. Compared with before treatment, how do you feel you now look?
   22:n/a
   □ Much Better 5  □ Worse 2
   □ Better 4  □ Much Worse 1
   □ Same 3
   24:23

25. Has your back treatment changed your function and daily activity?
   22:n/a
   □ Increased 5  □ Not changed 3  □ Decreased 1
   24:16

26. Has your back treatment changed your ability to enjoy sports/hobbies?
   22:n/a
   □ Increased 5  □ Not changed 3  □ Decreased 1
   24:17

27. Has your back treatment changed your back pain?
   22:n/a
   □ Increased 1  □ Not changed 3  □ Decreased 5
   24:18

28. Has your treatment changed your confidence in personal relationships with others?
   22:n/a
   □ Increased 5  □ Not changed 3  □ Decreased 1
   24:19

29. Has your treatment changed the way others view you?
   22:n/a
   □ Much Better 5  □ Worse 2
   □ Better 4  □ Much Worse 1
   □ Same 3
   24:20

30. Has your treatment changed your self-image?
   22:n/a
   □ Increased 5  □ Not changed 3  □ Decreased 1
   24:21

Scoliosis Patient Questionnaire
06/11/2013
2 of 5
This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please mark with an X the ONE BOX that best describes your answer.

1. In general, would you say your health is:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

2. Compared to 1 year ago, how would you rate your health in general now?

<table>
<thead>
<tr>
<th>Much better than one year ago</th>
<th>Somewhat better now than one year ago</th>
<th>About the same as one year ago</th>
<th>Somewhat Worse now than one year ago</th>
<th>Much worse now than one year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.................................................................

b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.................................................................

c. Lifting or carrying groceries.................................................................

d. Climbing several flights of stairs.................................................................

e. Climbing one flight of stairs.................................................................

f. Bending, kneeling, or stooping.................................................................

g. Walking more than one mile.................................................................

h. Walking several blocks.................................................................

i. Walking one block.................................................................

j. Bathing or dressing yourself.................................................................
4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

a. Cut down on the **amount of time** you spent on work or other activities….....
1  2
b. Accomplished less than you would like...............................................  2
1  2
c. Were limited in the **kind** of work or other activities...........................
1  2
d. Had difficulty performing the work or other activities..........................  1

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

a. Cut down on the **amount of time** you spent on work or other activities……...
1  2
b. Accomplished less than you would like...............................................  2
1  2
c. Did work or other activities less carefully than usual..........................  2

6. During the **past 4 weeks**, what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. **How much bodily pain** have you had during the **past 4 weeks**?

<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
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<tr>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the ONE ANSWER that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>■</td>
<td>■</td>
<td>■</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

a. Did you feel full of pep?......................

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

b. Have you been a very nervous person? ......................

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

c. Have you felt so down in the dumps that nothing could cheer you up?......

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

d. Have you felt calm and peaceful?......

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

e. Did you have a lot of energy?..........  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

f. Have you felt downhearted or blue?...

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

g. Did you feel worn out?...............  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

h. Have you been a happy person?.......  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

i. Did you feel tired?......................

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>■</td>
<td>■</td>
<td>■</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

11. How TRUE or FALSE is each of the following statements for you?

<table>
<thead>
<tr>
<th>Definitely TRUE</th>
<th>Mostly TRUE</th>
<th>Don’t know</th>
<th>Mostly FALSE</th>
<th>Definitely FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
</tbody>
</table>

a. I seem to get sick a little easier than other people.........................

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

b. I am as healthy as anybody I know…..

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

c. I expect my health to get worse........

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

d. My health is excellent..................

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Thank you for completing these questions!