Scoliosis Research Society’s Scoliosis Patient Questionnaire

Patient Name: __________________________   Age:  ___________   Date: ____________
Medical Record #: _______________________    SS#: _____________________________
Surgery date: ___________________________        Follow-up: ________________________

We are carefully evaluating the condition of your back. Please circle the best answer to each question unless otherwise indicated.

1. On a scale of 1 to 9, with 1 meaning “no pain” and 9 meaning “severe pain”, Indicate the degree of pain you experience regularly

   1      2      3      4      5      6      7      8      9

2. Using the same scale, indicate the most severe degree of pain you have experienced over the last month.

   1      2      3      4      5      6      7      8      9

3. If you had to spend the rest of your life with your back as it is right now, how would you feel about it?

   Very happy
   Somewhat happy
   Neither happy nor unhappy
   Somewhat unhappy
   Very unhappy

4. What is your current level of activity?

   Bedridden/Wheelchair
   Primarily no activity
   Light labor, such as household chores
   Moderate manual labor and moderate sports, such as walking and biking
   Full activities without restriction

(Continued on Next Page)
5. How do you look in clothes?

   Very good
   Good
   Fair
   Bad
   Very bad

6. Do you experience back pain when at rest?

   Very often
   Often
   Sometimes
   Rarely
   Never

7. What is your current level of work/school activity?

   100% normal
   75% normal
   50% normal
   25% normal
   0% normal

8. What medications, if any, are you currently taking for your back? (circle all that apply)

   None
   Non-steroidals (i.e. Motrin)
   Steroids (cortisone)
   Muscle Relaxants (Valium)
   Narcotics (Morphine)

9. Does your back limit your ability to do things around the house?

   Yes    No

10. Have you taken any sick days from work/school due to back pain?

    Yes    No

    (Continued on Next Page)
11. Do you feel your condition affects your personal relationships?

Yes                  No

12. Are you and/or your family experiencing financial difficulties because of your back?

None       Some      A lot

13. Do you go out more or less than your friends?

More       Same      Less

14. Do you feel attractive?

Yes, very
Yes, somewhat
Neither attractive nor unattractive
No, not very much
No, not at all

15. On a scale of 1 to 9, with one being very low and 9 being extremely high how would you rate your self-image?

1  2  3  4  5  6  7  8  9

16. Has your back treatment changed your function or daily activity?

Increased    Not changed    Decreased

17. Has your back treatment changed your ability to enjoy sports/hobbies?

Increased    Not changed    Decreased

18. Has your treatment __________ your back pain?

Increased    Not changed    Decreased

(Continued on Next Page)
19. Has your treatment changed your confidence in personal relationships with others?
   - Increased
   - Not changed
   - Decreased

20. Has your treatment changed the way others view you?
   - Much better
   - Better
   - Same
   - Worse
   - Much worse

21. Has your treatment changed your self-image?
   - Increased
   - Not changed
   - Decreased

22. Are you satisfied with the results of your back treatment?
   - Extremely satisfied
   - Somewhat satisfied
   - Neither satisfied nor dissatisfied
   - Somewhat dissatisfied
   - Extremely dissatisfied

23. Compared to before your treatment, how do you feel you now look?
   - Much better
   - Better
   - Same
   - Worse
   - Much worse

24. Would you have the same treatment again if you had the same condition?
   - Definitely yes
   - Probably yes
   - Not sure
   - Probably not
   - Definitely not

Thank you for completing this questionnaire.
Scoliosis Research Society’s Scoliosis Patient Questionnaire: Score Sheet

Name: ____________________________________________________________

Diagnosis: _________________________________________________________

Date: ________________________  Interval _____________________________

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score Pt/Possible (Max)</th>
<th># Question Answered(Poss)</th>
<th>Mean a+b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>1* 2 3 6 8 11 18</td>
<td>/ (35)</td>
<td>(7)</td>
</tr>
<tr>
<td>General self-image</td>
<td>5 14 15</td>
<td>/ (15)</td>
<td>(3)</td>
</tr>
<tr>
<td>Self-image after surgery</td>
<td>19 20 21</td>
<td>/ (15)</td>
<td>(3)</td>
</tr>
<tr>
<td>Function after surgery</td>
<td>16 17</td>
<td>/ (10)</td>
<td>(2)</td>
</tr>
<tr>
<td>General function</td>
<td>7 12 13</td>
<td>/ (15)</td>
<td>(3)</td>
</tr>
<tr>
<td>Function-activity</td>
<td>4 9 10</td>
<td>/ (15)</td>
<td>(3)</td>
</tr>
<tr>
<td>Satisfaction with surgery</td>
<td>22 23 24</td>
<td>/ (15)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

TOTAL / (120) (24) .

Mean Score a/a’ X 100= ( %) 5 Best 100% Best
100% Best
20% Worst

* Question number