Scoliosis Patient Questionnaire: Modified 11/12/03
Version 30 (Encompasses Versions 22 and 24)

All results will be kept confidential.

Section 1: All patients

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>1. Which one of the following best describes the amount of pain you have</td>
<td>None □  Moderate to severe □  Mild □  Severe □  Moderate</td>
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<tr>
<td>have experienced during the past 6 months?</td>
<td></td>
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<tr>
<td>2. Which one of the following best describes the amount of pain you have</td>
<td>None □  Moderate to severe □  Mild □  Severe □  Moderate</td>
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<td>have experienced over the last month?</td>
<td></td>
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<tr>
<td>3. During the past 6 months have you been a very nervous person?</td>
<td>None of the time □  Most of the time □  A little of the time □  All of</td>
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<td></td>
<td>the time □  Some of the time</td>
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<tr>
<td>4. If you had to spend the rest of your life with your back shape as it</td>
<td>Very happy □  Somewhat unhappy □  Somewhat happy □  Very unhappy □  Neither</td>
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<tr>
<td>is right now, how would you feel about it?</td>
<td>happy nor unhappy</td>
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<tr>
<td>5. What is your current level of activity?</td>
<td>Bedridden/wheelchair □  Primarily no activity □  Light labor, such as</td>
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<td></td>
<td>household chores □  Moderate manual labor and moderate sports,</td>
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<td></td>
<td>such as walking and biking □  Full activities without restriction</td>
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<tr>
<td>6. How do you look in clothes?</td>
<td>Very good □  Good □  Fair □  Bad □  Very bad</td>
</tr>
<tr>
<td>7. In the past 6 months have you felt so down in the dumps that nothing</td>
<td>Very often □  Rarely □  Often □  Never □  Sometimes</td>
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<tr>
<td>could cheer you up?</td>
<td></td>
</tr>
<tr>
<td>8. Do you experience back pain when at rest?</td>
<td>Very often □  Rarely □  Often □  Never □  Sometimes</td>
</tr>
<tr>
<td>9. What is your current level of work/school activity?</td>
<td>100% normal □  25% normal □  75% normal □  0% normal □  50% normal</td>
</tr>
<tr>
<td>10. Which of the following best describes the appearance of your trunk;</td>
<td>Very good □  Poor □  Good □  Very poor □  Fair</td>
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<tr>
<td>defined as the human body except for the head and extremities?</td>
<td></td>
</tr>
<tr>
<td>11. Which one of the following best describes your medication usage for</td>
<td>neuropathic □  Non-narcotics weekly or less (e.g., Tylenol, Ibuprofen)</td>
</tr>
<tr>
<td>your back?</td>
<td>□  Non-narcotics daily □  Narcotics weekly or less (e.g., Percocet,</td>
</tr>
<tr>
<td></td>
<td>Loracet, Codeine, Darvocet) □  Narcotics daily □  Other (please specify</td>
</tr>
<tr>
<td></td>
<td>below)</td>
</tr>
</tbody>
</table>

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 calm and peaceful during the past 6 months?
   □ All of 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?
   □ None  □ Slightly  □ Mildly
   □ Moderately  □ Severely

15. Are you and/or your family experiencing financial difficulties because of your back?
   □ Severely  □ Slightly  □ Mildly
   □ Moderately  □ None

16. In the past 6 months have you felt downhearted and blue?
   □ Never  □ Rarely  □ Sometimes
   □ Often  □ Very often

17. In the last 3 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  □ Most of the time  □ Some of the time
   □ A little of the time  □ All of the time

21. Are you satisfied with the results of your back management?
   □ Very satisfied  □ Satisfied  □ Sometimes
   □ Unsatisfied  □ Very unsatisfied  □ Neither satisfied nor unsatisfied

22. Would you have the same management again if you had the same condition?
   □ Definitely yes  □ Probably yes  □ Probably not
   □ Definitely not  □ Not sure

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?
   □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8  □ 9

Section 2: Post-surgery patients only

24. Compared with before treatment, how do you feel you now look?
   □ Much better  □ Better  □ Same
   □ Worse  □ Much worse

25. Has your back treatment changed your function and daily activity?
   □ Increased  □ Not changed  □ Decreased

26. Has your back treatment changed your ability to enjoy sports/hobbies?
   □ Increased  □ Not changed  □ Decreased

27. Has your back treatment ______________ your back pain?
   □ Increased  □ Not changed  □ Decreased

28. Has your treatment changed your confidence in personal relationships with others?
   □ Increased  □ Not changed  □ Decreased

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

30. Has your treatment changed your self-image?
   □ Increased  □ Not changed  □ Decreased
Please mark on the drawings any areas where you feel pain. If you are not having any pain, leave blank and initial.

Use the following key to show particular types of pain

**KEY:**

- Pins & needles = 000000
- Burning = XXXXXX
- Stabbing = /////
- Deep ache = ZZZZZZ