

**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
 24:9 Never 5 Often 2
 Rarely 4 Very often 1
 Sometimes 3

13. Have you felt calm and peaceful during the past 6 months?
 22:13
 24:n/a 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

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

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

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

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
 24:10 0 5 1 4 2 3 3 2 4 or more 1

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

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

20. Have you been a happy person during the past 6 months?
 22:20
 24:n/a 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

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

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

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
 24:24 1 2 3 4 5 6 7 8 9
 1 2 3 4 5

Section 2: Post-surgery patients only

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

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

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

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

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

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

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

SRS-30 Patient Questionnaire/Score Sheet

Name: _____ Today's Date: _____

Age: _____ Sex: M F
Yr Mo Day Year

Diagnoses: _____ Deformity/Size _____

Management: Initial Evaluation

(Circle one)

Observation

Pre Brace

Brace _____

Type

Other _____

Describe

Pre Surgery

Indication _____

Surgery

Post

Ant

Arthrodesis

UV LV

Instrumentation

UV LV

Date Initiated: _____

Mo Day Yr

Follow-up

Yrs Mo

DOMAIN

(Score: 5 Best – 1 Worst)

Post Surgery Questions

Score
 Pt/Possible(Max)
 A

#Questions
 Answered(Possible)
 B

Mean
 Score ***
 A+B

Function/
 Activity

5* 9 12 15 18

25 26

____(____)(25) (35)+ ____ (5) (7)+ ____

Pain

1 2 8 11 17

27

____(____)(25) (30) ____ (5) (6) ____

Self Image/
 appearance

4 6 10 14 19 23

28 29 30

____(____)(30) (45) ____ (6) (9) ____

Mental
 health**

3 7 13 16 20

____(____)(25) ____ (5) ____

SUB TOTAL

____(____)(105) (135) ____ (21) (27) ____

Satisfaction

with management 21 22

24

____(____)(10) (15) ____ (2) (3) ____

TOTAL

____(____)(115) (150) ____ (23) (30) ____

+max/possible with
 post surgery questions

***Mean Score
 5 Best
 1 Worst

*Question Number

**Questions adopted with permission from SF-36

SCORING INSTRUCTIONS

Unanswered questions – reduce questions answered denominator by appropriate number

Delete questions with more than one response

Domain can't be scored if fewer than 3 questions answered