SRS-30 Patient Questionnaire Scoliosis

Directions

- Use a #2 soft pencil for marking.
- Text answers must be entered with the web interface.
- All questions must be answered unless otherwise indicated.
- Completely fill in boxes to record answers.

Internal Use Only
Not read by scanner

Last name	First name	Gender
Street		M.R.N.
Country code Zip code	City	
Social security number (ADI no.)		Birthdate (DD.MM.YYYY)

Mandatory information

We are carefully evaluating the condition of your back and it is IMPORTANT that you answer each of these questions yourself. Please MARK the one best answer to each question.

Examination Date

Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month 1 2 3 4 5 6 7 8 9 10 11 12

Year 10 11 12 13 14 15 16 17 18 19 20 21 22

Interval with reference to surgery / treatment

before surg. | 6 months | 2 years | 5 years | 8 years | 11 years | 14 years
6 weeks | 9 months | 3 years | 6 years | 9 years | 12 years | 15 years
3 months | 1 year | 4 years | 7 years | 10 years | 13 years | >15 years

SECTION 1

01. 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

02. 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

03. 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

04. 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?
Very happy | Somewhat happy | Neither happy nor unhappy | Somewhat unhappy | Very unhappy

05. 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

06. How do you look in clothes?
Very good | Good | Fair | Bad | Very bad

07. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?
Very often | Often | Sometimes | Rarely | Never

08. Do you experience back pain when at rest?
Very often | Often | Sometimes | Rarely | Never

09. What is your current level of work/school activity?
100% normal | 75% normal | 50% normal | 25% normal | 0% normal

10. Which one 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

11a. Which one of the following best describes your medication usage for your back? *(Mark one only)*
None | Non-narcotics weekly or less (e.g. Aspirin, Tylenol, Ibuprofen) | Non-narcotics daily | Narcotics weekly or less (e.g. Tylenol III, Lorocet, Percocet) | Narcotics daily | Other

11b. If 'Other' medication, please secify ....

11c. If 'Other' medication, describe your usage: Daily | Weekly or less

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 condition affects your personal relationships?
None | Slightly | Mildly | Moderately | Severely

Please continue on back!

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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 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 ( ) 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 ( )

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

The following questions are to be answered only after you have begun treatment for your back condition:

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

25. **Has your back treatment changed your ability to enjoy 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 ( )

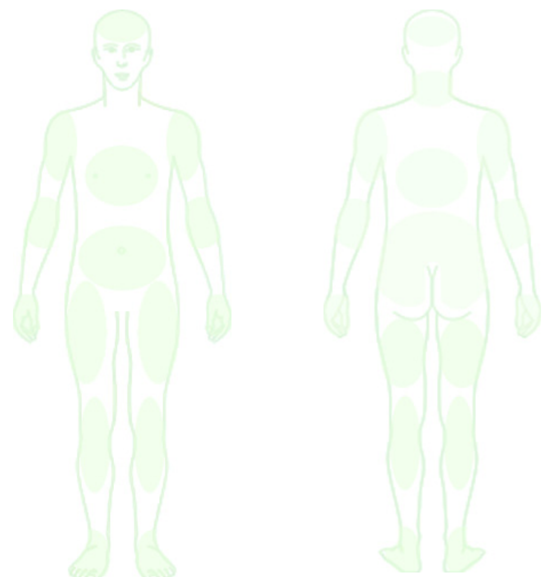
29. **Has your treatment changed the way others view you?**
( ) Much better ( ) Same ( ) Much worse
( ) Better ( ) Worse

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 = 00000 Stabbing = /////
Burning = XXXXX Deep ache = ZZZZZ

Information not read by scanner.
Please fill out the SRS-30 pain assessment to collect data.



Please comment if you wish/ Initials :

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All results will be kept confidential

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