

Italian Spine Youth Quality of Life (ISYQOL) Questionnaire

Measuring Spine-Related Quality of Life

Name _____

Surname _____

Date _____

We want to evaluate your well-being with regards to your back problem (scoliosis, kyphosis or something else). Try to answer all of the following questions yourself.

1	Are you afraid that your back problem may get worse?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
2	Are you worried about having back pain as an adult because of your back problem?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
3	Do you feel that having your back problem is a big deal?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
4	Are you worried that, despite all your efforts to treat your back, it will not get better?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
5	Do you think that there are other health conditions affecting other people that are more serious than your back problem?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
6	Despite your back problem, do you think you lead a normal life?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
7	Are you suffering because of your back problem?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
8	Does the appearance of your back make you feel uncomfortable?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
9	Are you worried about your back problem?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
10	Do you think that your back problem is not a big concern to you?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
11	Does it bother you to show your physical appearance?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
12	Are you worried that your back problem is very visible?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
13	Despite your back problem, do you live a happy life?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
	Do you wear a brace because of your back problem?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If you wear it:			
14	Do you have to change the way that you dress because of your brace?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
15	Are you worried that the brace is visible under your clothing?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
16	Do you feel sad that you are unable to do some of the things that you used to do before you started wearing your brace?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
17	Do you feel your movements are restricted while wearing your brace?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
18	Does wearing your brace ever make you cry?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
19	Do you feel excluded by others because you wear a brace?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often
20	Is wearing your brace uncomfortable?	<input type="checkbox"/> never	<input type="checkbox"/> sometimes	<input type="checkbox"/> often

If you would like, use this space to leave a comment.