

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? yes 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.