Early Onset Scoliosis 24-Item Questionnaire (EOSQ-24)

General Health: During the past 4 weeks

1. In general, you would say your child's health has been:

Please can you select one answer from this list.

Poor	Fair	Good	Very Good	Excellent

2. How often has your child been sick?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

Pain/Discomfort: During the past 4 weeks

3. How often has your child had pain/discomfort?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

4. How severe has your child's pain/discomfort been?

Very Severe	Severe	Moderate	Mild	No Pain

Pulmonary Function: During the past 4 weeks

5. How difficult has it been for your child to cry/babble/speak (Appropriate for age) without experiencing shortness of breath?

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

6. How often has your child experienced shortness of breath during activities?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

Transfer: During the past 4 weeks

7. How often has your child's health condition limited his/her access to public places?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

Physical Function: During the past 4 weeks

8. How difficult has it been for your child to move his/her upper body

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

9. How difficult has it been for your child to sit up on his/her own?

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

10. How difficult has it been for your child to keep his/her balance while crawling, walking, or running?

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

Daily Living: During the past 4 weeks

11. How difficult has it been for your child to dress him/herself or assist with dressing? (examples: helping remove/ putting-on clothing, pushing arms and legs through shirts and pants, or assisting with fasteners, zippers, snaps, buttons, velcro)

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

12. My child needs more time than a healthy child to eat the same amount of food.

Strongly agree	Inclined to agree	Neither	Inclined to disagree	Strongly disagree

Fatigue/Energy Level: During the past 4 weeks

13. How often has your child had fatigue?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

14. How difficult has it been for your child to keep up his/her energy all day?

Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

Emotion: During the past 4 weeks

15. How often has your child felt anxious/ nervous due to his/her health condition?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

16. How often has your child felt frustrated due to his/her health condition?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

Parental Impact: During the past 4 weeks

17. How often have you felt anxious/nervous about his/her health condition?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

18. How often has your child's health condition interfered with family activities?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

19. How much has your child's health condition affected your energy level?

Extremely	A lot	Some	A little	Not at all

20. How often have you missed or have you been late for work or social events due to your child's health condition?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

21. Have you been able to spend enough time with your family/partner/spouse despite your child's health condition?

None of the time	A little of the time	Some of the time	Most of the time	All of the time

Financial Impact: During the past 4 weeks

22. How much of a financial burden has your child's diagnosis of early onset scoliosis been?

Extreme burden	Quite a burden	Moderate burden	A little of a burden	No burden

Satisfaction: During the past 4 weeks

23. How satisfied is your child with his/her ability to do things?

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied

24. How satisfied are you with your child's ability to do things?

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied