

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

**Center for Pediatric Orthopedic Research
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General Health: <u>During the past 4 weeks</u>				
1. In general, you would say your child's health has been:				
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 : <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
7. How often has your child's health condition limited his/her access to places?				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

PLEASE SEE NEXT PAGE TO CONTINUE

Physical Function: <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
13. <u>How often</u> 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

PLEASE SEE NEXT PAGE TO CONTINUE

Emotion: <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
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: <u>During the past 4 weeks</u>				
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 bit of a burden	No burden

Satisfaction: <u>During the past 4 weeks</u>				
23. How satisfied <u>is your child</u> with his/her ability to do things?				
Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
24. How satisfied <u>are you</u> with your child's ability to do things?				
Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied

THANK YOU

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	1 2 3 4 5
Scale Scoring		
1. Create raw scores by computing the algebraic mean of the items answered for those respondents who completed three items or more; set missing for those respondents who answered one, two, or no items.		
2. Transform the algebraic mean of the items answered to standardized 0 to 100 scores using the following algorithm: $\frac{(\text{algebraic mean of items answered} - 1)}{4} * 100$		
3. Transformed scores should be 0 to 100		

Financial Impact (FI)		
Item	Response Choices	Item Values
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 bit of a burden No burden	1 2 3 4 5
Scale Scoring		
1. Create raw scores by recording the item value for those respondents who completed the one item; set missing for those respondents who answered no items.		
2. Transform the value of the item choice to standardized 0 to 100 score using the following algorithm: $\frac{(\text{Value of Item Choice} - 1)}{4} * 100$		
3. Transformed scores should be 0 to 100		

Satisfaction (SAT)		
Item	Response Choices	Item Values
23. How satisfied is your child with his/her ability to do things?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	1 2 3 4 5
24. How satisfied are you with your child's ability to do things?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	1 2 3 4 5
1. Create raw scores by computing the algebraic mean of the two items for those respondents who completed one item or more; set missing for those respondents who answered no items.		
2. Transform the algebraic mean of the two items to standardized 0 to 100 scores using the following		

algorithm:

$$\frac{(\text{algebraic mean of the two items} - 1)}{4} * 100$$

3. Transformed scores should be 0 to 100

1. Create raw scores by computing the algebraic mean of the two items for those respondents who completed one item or more; set missing for those respondents who answered no items.