BRACE QUESTIONNAIRE

This questionnaire asks how you feel about your health, while you are wearing a brace. This is not a test and there are no right or wrong answers

• Please read carefully every question
• Choose the best answer and mark with an x

Example

| During the last week you were in a good mood for studying | Never | Almost never | Sometimes | Most of the time | Always |
|----------------------------------------------------------|-------|--------------|-----------|-----------------|--------|
|                                                          | ☐     | ☐            | ☐         | x               | ☐      |

Please tell us a few things about yourself:

You are: ☐ a girl ☐ a boy Age: …….. years old

You are wearing the brace since ……..

You are wearing the brace for ….. hours /day

Date…………………………………………..
During the past 3 months...

|   | Never | Almost never | Sometimes | Most of the time | Always |
|---|-------|--------------|-----------|------------------|--------|
| 1. The brace made you feel ill | □     | □            | □         | □                | □      |
| 2. You were afraid that your back will get worse | □     | □            | □         | □                | □      |

During the past 3 months while you were wearing the brace...

|   | Never | Almost never | Sometimes | Most of the time | Always |
|---|-------|--------------|-----------|------------------|--------|
| 3. You felt tired when walking | □     | □            | □         | □                | □      |
| 4. You were able to run | □     | □            | □         | □                | □      |
| 5. You managed to wear the brace without any help | □     | □            | □         | □                | □      |
| 6. You managed to take out the brace without any help | □     | □            | □         | □                | □      |
| 7. You couldn’t eat well | □     | □            | □         | □                | □      |
| 8. You couldn’t sleep well | □     | □            | □         | □                | □      |
| 9. You couldn’t breath well | □     | □            | □         | □                | □      |
| Question                                                                 | Never | Almost never | Sometimes | Most of the time | Always |
|-------------------------------------------------------------------------|-------|--------------|-----------|------------------|--------|
| During the past 3 months...                                            |       |              |           |                  |        |
| 10. The brace made you feel nervous                                    | ☐     | ☐            | ☐         | ☐                | ☐      |
| 11. You felt worried because of the brace                               | ☐     | ☐            | ☐         | ☐                | ☐      |
| 12. You felt happy                                                      | ☐     | ☐            | ☐         | ☐                | ☐      |
| 13. You believed that your life would be better if you were not on brace| ☐     | ☐            | ☐         | ☐                | ☐      |
| 14. You believed that brace treatment was beneficial                    | ☐     | ☐            | ☐         | ☐                | ☐      |

| Question                                                                 | Never | Almost never | Sometimes | Most of the time | Always |
|-------------------------------------------------------------------------|-------|--------------|-----------|------------------|--------|
| During the past 1 month...                                            |       |              |           |                  |        |
| 15. You felt proud of yourself                                         | ☐     | ☐            | ☐         | ☐                | ☐      |
| 16. You were satisfied with your body                                   | ☐     | ☐            | ☐         | ☐                | ☐      |

| Question                                                                 | Never | Almost never | Sometimes | Most of the time | Always |
|-------------------------------------------------------------------------|-------|--------------|-----------|------------------|--------|
| During the past 1 month...                                            |       |              |           |                  |        |
| 17. You felt strong and full of energy                                  | ☐     | ☐            | ☐         | ☐                | ☐      |
| 18. You felt tired and exhausted because of the brace                   | ☐     | ☐            | ☐         | ☐                | ☐      |
| *During the past 1 month, because of the brace...* | Never | Almost never | Sometimes | Most of the time | Always |
|--------------------------------------------------|--------|--------------|-----------|-----------------|--------|
| 19. You had difficulties with your lessons       | □      | □            | □         | □               | □      |
| 20. You were absent from school                   | □      | □            | □         | □               | □      |
| 21. You found it hard to pay attention in the classroom | □      | □            | □         | □               | □      |

| *During the past 1 month, while you were wearing the brace...* | Never | Almost never | Sometimes | Most of the time | Always |
|---------------------------------------------------------------|--------|--------------|-----------|-----------------|--------|
| 22. You had to take medication for pain                       | □      | □            | □         | □               | □      |
| 23. You had pain during the night                             | □      | □            | □         | □               | □      |
| 24. You had pain when walking                                 | □      | □            | □         | □               | □      |
| 25. You had pain when sitting                                 | □      | □            | □         | □               | □      |
| 26. You had pain when climbing stairs                         | □      | □            | □         | □               | □      |
| 27. You felt pins and needles to your arms or legs             | □      | □            | □         | □               | □      |
During the past 1 month, because of the brace...

| Question                                                                 | Never | Almost never | Sometimes | Most of the time | Always |
|--------------------------------------------------------------------------|-------|--------------|-----------|------------------|--------|
| 28. You couldn’t go out with your friends                                | ☐     | ☐            | ☐         | ☐                | ☐      |
| 29. Your friends felt compassion for you                                 | ☐     | ☐            | ☐         | ☐                | ☐      |
| 30. You felt different from your peers                                   | ☐     | ☐            | ☐         | ☐                | ☐      |
| 31. You had problems with your family                                    | ☐     | ☐            | ☐         | ☐                | ☐      |
| 32. You believed that your relationship with your family or your friends would be better if you were not on brace | ☐     | ☐            | ☐         | ☐                | ☐      |
| 33. You stayed at home because you were ashamed                           | ☐     | ☐            | ☐         | ☐                | ☐      |
| 34. You worn special clothes                                             | ☐     | ☐            | ☐         | ☐                | ☐      |

Thank you!