

Adolescent (self reported)

Outcomes Questionnaire

Developed by:

American Academy of Orthopaedic Surgeons®
Pediatric Orthopaedic Society of North America
American Academy of Pediatrics
Shriner's Hospitals

To be completed by adolescents 11 – 18 years old.

Based on the Version 2.0 Pediatrics–Parent/ Adolescent Outcomes Instrument
Also commonly referred to as the PODCI ("Pediatric Outcomes Data Collection Instrument")
Revised, renumbered, reformatted August 2005

FOR OFFICE USE ONLY

Clinic ID

First six letters of patient's last name

Physician ID

Office Chart #

Primary DX

Diagnosis & ICD-9 Code

CPT Date

Procedure & CPT Code

Side of body procedure was performed on:

Right Both Left N/A

Secondary DX

Diagnosis & ICD-9 Code

CPT Date

Procedure & CPT Code

Side of body procedure was performed on:

Right Both Left N/A

Secondary DX

Diagnosis & ICD-9 Code

CPT Date

Procedure & CPT Code

Side of body procedure was performed on:

Right Both Left N/A

Secondary DX

Diagnosis & ICD-9 Code

CPT Date

Procedure & CPT Code

Side of body procedure was performed on:

Right Both Left N/A

Secondary DX

Diagnosis & ICD-9 Code

CPT Date

Procedure & CPT Code

Side of body procedure was performed on:

Right Both Left N/A

Today's Date:

Thank you for completing this questionnaire!

This questionnaire will help us to better understand your general health and any problems related to bone and muscle conditions. Your completion of this questionnaire is completely voluntary and your responses will be held in the strictest confidence.

Please answer every question. Some questions may look like others, but each one is different. There are no right or wrong answers. If you are not sure how to answer a question, just give the best answer you can.

Your Birth Date:

Your Social Security Number:

Your Father or Mother's Social Security Number:

Adolescent Health Assessment (self-reported)

Some kind of problems can make it hard to do many activities, such as eating, bathing, school work, and playing with friends. We would like to find out how you are doing. (Choose one response per line.)

During the **last week**, was it easy or hard for you to:

	1 - Easy	2 - A little hard	3 - Very hard	4 - Can't do at all
1. Lift heavy books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pour a half gallon of milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Open a jar that has been opened before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use a fork and spoon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Comb your hair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Button buttons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Put on your coat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Write with a pencil?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. On average, **over the last 12 months**, how often did you miss school (camp, etc.) because of your health?

- Rarely
- Once a month
- Two or three times a month
- Once a week
- More than once a week
- Do not attend school, etc.

During the **last week**, how happy have you been with: (Choose one response per line.)

	1 - Very happy	2 - Somewhat happy	3 - Not sure	4 - Somewhat unhappy	5 - Very unhappy
10. How you look?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. What clothes or shoes you can wear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Your ability to do the same things your friends do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Your health in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adolescent Health Assessment (self-reported)

During the **last week**, how much of the time: (Choose one response per line.)

	<i>1 - Most of the time</i>	<i>2 - Some of the time</i>	<i>3 - A little of the time</i>	<i>4 - None of the time</i>
15. Did you feel sick and tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Were you full of pep and energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Did pain or discomfort interfere with your activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **last week**, has it been easy or hard for you to: (Choose one response per line.)

	<i>1 - Easy</i>	<i>2 - A little hard</i>	<i>3 - Very hard</i>	<i>4 - Can't do at all</i>
18. Run short distances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Bicycle or tricycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Climb three flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Climb one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Walk more than a mile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Walk three blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Walk one block?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Get on and off a bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How often do you need help from another person for walking and climbing? (Choose one response.)

- 1 - Never
 2 - Sometimes
 3 - About half the time
 4 - Often
 5 - All the time

27. How often do you use assistive devices (such as braces, crutches, or wheelchair) for walking and climbing? (Choose one response.)

- 1 - Never
 2 - Sometimes
 3 - About half the time
 4 - Often
 5 - All the time

During the **last week**, has it been easy or hard for you to: (Choose one response per line.)

	<i>1 - Easy</i>	<i>2 - A little hard</i>	<i>3 - Very hard</i>	<i>4 - Can't do at all</i>
28. Stand while washing your hands and face at a sink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Sit in a regular chair without holding on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Get on and off a toilet or chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Get in and out of bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Turn door knobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Bend over from a standing position and pick up something off the floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adolescent Health Assessment (self-reported)

34. How often do you need help from another person for sitting and standing? (Choose one response.)

- 1 - Never 2 - Sometimes 3 - About half the time 4 - Often 5 - All the time

35. How often do you use assistive devices (such as braces, crutches, or wheelchair) for sitting and standing? (Choose one response.)

- 1 - Never 2 - Sometimes 3 - About half the time 4 - Often 5 - All the time

36. Can you participate in **recreational outdoor activities** with other kids the same age? (For example: bicycling, skating, hiking, jogging) (Choose one response.)

- 1 - Yes, easily 2 - Yes, but a little hard 3 - Yes, but very hard 4 - No

If you answered "no" to Question 36 above, was your activity limited by: (Choose all that apply.)

37. Pain?
 38. General health?
 39. Doctor or parent instructions?
 40. Fear the other kids won't like you?
 41. Dislike of recreational outdoor activities?
 42. Activity not in season?

43. Can you participate in **pickup games or sports** with other kids the same age? (For example: tag, dodge ball, basketball, softball, soccer, catch, jump rope, touch football, hop scotch) (Choose one response.)

- 1 - Yes, easily 2 - Yes, but a little hard 3 - Yes, but very hard 4 - No

If you answered "no" to Question 43 above, was your activity limited by: (Choose all that apply.)

44. Pain?
 45. General health?
 46. Doctor or parent instructions?
 47. Fear the other kids won't like you?
 48. Dislike of pickup games or sports?
 49. Activity not in season?

50. Can you participate in **competitive level sports** with other kids the same age? (For example: hockey, basketball, soccer, football, baseball, swimming, running [track or cross country], gymnastics, or dance) (Choose one response.)

- 1 - Yes, easily
 2 - Yes, but a little hard
 3 - Yes, but very hard
 4 - No

If you answered "no" to Question 50 above, was your child's activity limited by: (Choose all that apply.)

51. Pain?
 52. General health?
 53. Doctor or parent instructions?
 54. Fear the other kids won't like you?
 55. Dislike of competitive level sports?
 56. Activity not in season?

57. How often in the **last week** did you get together and do things with friends? (Choose one response.)

- 1 - Often
 2 - Sometimes
 3 - Never or rarely

If you answered "sometimes" or "never or rarely" to Question 57 above, was your activity limited by: (Choose all that apply.)

58. Pain?
 59. General health?
 60. Doctor or parent instructions?
 61. Fear the other kids won't like you?
 62. Friends not around?

63. How often in the **last week** did you participate in **gym/recess**? (Choose one response.)

- 1 - Often
 2 - Sometimes
 3 - Never or rarely
 4 - No gym or recess

If you answered "sometimes" or "never or rarely" to Question 63 above, was your activity limited by: (Choose all that apply.)

64. Pain?
 65. General health?
 66. Doctor or parent instructions?
 67. Fear the other kids won't like you?
 68. Dislike of gym/recess?
 69. School not in session?
 70. I don't attend school?

71. Is it easy or hard for you to make friends with kids your own age? (Choose one response.)

- 1 - Usually easy
 2 - Sometimes easy
 3 - Sometimes hard
 4 - Usually hard

Adolescent Health Assessment (self-reported)

72. How much pain have you had during the **last week**? (Choose one response.)

- 1 - None 2 - Very mild 3 - Mild 4 - Moderate 5 - Severe 6 - Very severe

73. During the **last week**, how much did pain interfere with your normal activities (including at home, outside of the home, and at school)? (Choose one response.)

- 1 - Not at all 2 - A little bit 3 - Moderately 4 - Quite a bit 5 - Extremely

What expectations do you have for your treatment?

As a result of my treatment, I expect: (Choose one response per line.)

	1 - Definitely yes	2 - Probably yes	3 - Not sure	4 - Probably not	5 - Definitely not
74. To have pain relief.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. To look better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. To feel better about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. To sleep more comfortably.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. To be able to do activities at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. To be able to do more at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. To be able to do more play or recreational activities (biking, walking, doing things with friends).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. To be able to do more sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. To be free from pain or disability as an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. If you had to spend the rest of your life with your bone and muscle condition **as it is right now**, how would you feel about it? (Choose one response.)

- 1 - Very satisfied 2 - Somewhat satisfied 3 - Neutral 4 - Somewhat dissatisfied 5 - Very dissatisfied

Comments: